

# VOLUME 1

## APPENDIX C Exhibit 3

### CARRIER CERTIFICATIONS Accuracy of CAF ICC Data

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |  |   |   |  |
|--|----------------------|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |   |   |  |
| <p>Name of Reporting Carrier:      <b>OXFORD WEST TEL CO</b></p>   |                      |  |   |   |  |
| <p>Signature of Authorized Officer:      <b>Dawna Hannan</b></p>   |                      |  |   | <p>Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford west tel co,l=Lewiston ME 04240, Date:5/15/2014</p> <p>Date:      <b>5/15/2014</b></p> |  |
| <p>Printed name of Authorized Officer:      <b>Dawna Hannan</b></p>  |                      |  |   |   |  |
| <p>Title or position of Authorized Officer:      <b>Director Regulatory Affairs</b></p>  |                      |  |   |   |  |
| <p>Telephone number of Authorized Officer:      <b>207-333-3455</b></p>  |                      |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>100002</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>   |  |
| <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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: LINCOLNVILLE NETWRKS  |        |  |  |   |  |
| Signature of Authorized Officer: Shirley Manning   |        |  |  | Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@intelco.net,O=lincolnvill<br>netwrks,l= , Date:5/15/2014 |  |
| Date: 5/15/2014  |        |  |  |   |  |
| Printed name of Authorized Officer: Shirley Manning  |        |  |  |   |  |
| Title or position of Authorized Officer: President   |        |  |  |   |  |
| Telephone number of Authorized Officer: 207-563-9941   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 100003 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |         |   |   |         |
|--|----------------------|---------|---|---|---------|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |         |   |   |         |
| <p>Name of Reporting Carrier:      <b>OXFORD COUNTY TEL</b></p>  |                      |         |   |   |         |
| <p>Signature of Authorized Officer:      <b>Dawna Hannan</b></p>   |                      |         |   | <p>Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford county tel,l=Lewiston ME 04240, Date:5/15/2014</p> |         |
| <p>Date:      <b>5/15/2014</b></p>   |                      |         |   |   |         |
| <p>Printed name of Authorized Officer:      <b>Dawna Hannan</b></p>  |                      |         |   |   |         |
| <p>Title or position of Authorized Officer:      <b>Director Regulatory Affairs</b></p>  |                      |         |   |   |         |
| <p>Telephone number of Authorized Officer:      <b>207-333-3455</b></p>  |                      |         |   |   |         |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>100019</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>   | <p></p> |
| <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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: PINE TREE TEL LLC   |        |  |  |  |  |
| Signature of Authorized Officer: Dennis Andrews  |        |  |  | <small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=pine tree tel llc, Date:5/14/2014</small><br>Date: 5/14/2014 |  |
| Printed name of Authorized Officer: Dennis Andrews   |        |  |  |  |  |
| Title or position of Authorized Officer: Sr Vice President   |        |  |  |  |  |
| Telephone number of Authorized Officer: 256-586-1420   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 100020 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SACO RIVER TEL LLC</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>   |  |  |   | <p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=saco river tel llc,= , Date:5/14/2014</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Sr Vice President</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">256-586-1420</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">100022</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |                 |
|--|--------|--|-----------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |                 |
| Name of Reporting Carrier Union River Telephone Company  |        |  |                 |
| Signature of Authorized Officer <i>William S. Silsby, Jr.</i>  |        |  | Date 05/16/2014 |
| Printed name of Authorized Officer William S. Silsby, Jr.  |        |  |                 |
| Title or position of Authorized Officer President/General Manager  |        |  |                 |
| Telephone number of Authorized Officer: (207) 584-9911 ext.  |        |  |                 |
| Study Area Code of Reporting Carrier   | 100027 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |                 |

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |  |   |  |
| Name of Reporting Carrier: <b>UNITEL, INC.</b>   |               |  |  |   |  |
| Signature of Authorized Officer: <b>Laurie Osgood</b>  |               |  |  | <small>Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@uninets.net,O=unitel, inc.,l=Unity ME 04988-0165, Date:5/15/2014</small><br>Date: <b>5/15/2014</b> |  |
| Printed name of Authorized Officer: <b>Laurie Osgood</b>   |               |  |  |   |  |
| Title or position of Authorized Officer: <b>CEO/President</b>  |               |  |  |   |  |
| Telephone number of Authorized Officer: <b>207-948-9952</b>  |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>100029</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MID-MAINE TELECOM</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>   |  |  |   | <p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,lc= , Date:5/14/2014</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Sr Vice President</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">256-586-1420</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">103315</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported  |        |  |  |  |  |
|---|--------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |        |  |  |  |  |
| <p>Name of Reporting Carrier: MID-MAINE TELECOM</p>   |        |  |  |  |  |
| <p>Signature of Authorized Officer: Dennis Andrews</p>  |        |  |  | <p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom, Date:10/30/2014</p> |  |
| <p>Date: 10/30/2014</p>   |        |  |  |  |  |
| <p>Printed name of Authorized Officer: Dennis Andrews</p>   |        |  |  |  |  |
| <p>Title or position of Authorized Officer: Sr Vice President</p>   |        |  |  |  |  |
| <p>Telephone number of Authorized Officer: 256-586-1420</p>   |        |  |  |  |  |
| Study Area Code of Reporting Carrier  | 103315 |  | 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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: GRANBY TEL LLC  |        |  |  |   |  |
| Signature of Authorized Officer: Dennis Andrews  |        |  |  | <small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=granby tel llc, =<br/>, Date:5/14/2014</small><br>Date: 5/14/2014 |  |
| Printed name of Authorized Officer: Dennis Andrews   |        |  |  |   |  |
| Title or position of Authorized Officer: Sr Vice President   |        |  |  |   |  |
| Telephone number of Authorized Officer: 256-586-1420   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 110036 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">RICHMOND TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Richard Drake Jr.</span></p>  |  |  |   | <p><small>Digitally signed by Richard Drake Jr. DN:cn=Richard Drake Jr.,email=rdrake@cstel.com,O=richmond tel co,l=Troy NY 12180, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Richard Drake Jr.</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">518-328-0336</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">110037</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 THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |           |
|--|--------|--|-----------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |           |
| Name of Reporting Carrier  |        | Bretton Woods Telephone Company, Inc.      |           |
| Signature of Authorized Officer  |        | Date 5/15/2014                             |           |
| Printed name of Authorized Officer   |        | Art Nicholson                              |           |
| Title or position of Authorized Officer  |        | V.P. Operations                            |           |
| Telephone number of Authorized Officer:  |        | (603) 278-9911 ext.                        |           |
| Study Area Code of Reporting Carrier   | 120038 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |           |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: GRANITE STATE TEL   |        |  |  |  |  |
| Signature of Authorized Officer: Susan King  |        |  |  | <small>Digitally signed by Susan King DN:cn=Susan King,email=srand@gstnetworks.com,O=granite state tel,l=Weare NH 03281, Date:5/14/2014</small><br>Date: 5/14/2014 |  |
| Printed name of Authorized Officer: Susan King   |        |  |  |  |  |
| Title or position of Authorized Officer: President   |        |  |  |  |  |
| Telephone number of Authorized Officer: 603-529-9941   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 120039 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">DIXVILLE TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Ann Walsh</span></p>  |  |  |   | <p>Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co,l= , Date:5/15/2014</p> <p>Date: <span style="color: blue;">5/15/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Ann Walsh</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Assistant Secretary</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">781-402-1731</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">120042</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">DUNBARTON TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">David Montgomery</span></p>   |  |  |   | <p>Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:5/7/2014</p> <p>Date: <span style="color: blue;">5/7/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">David Montgomery</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">603-774-9911</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">120043</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: FRANKLIN TEL CO - VT  |        |  |  |   |  |
| Signature of Authorized Officer: Kimberly Gates Maynard  |        |  |  | <small>Digitally signed by Kimberly Gates Maynard<br/>DN:cn=Kimberly Gates Maynard,email=ftc@franklinvt.net,O=franklin tel co - vt,l=Franklin VT 05457, Date:5/20/2014</small><br>Date: 5/20/2014 |  |
| Printed name of Authorized Officer: Kimberly Gates Maynard   |        |  |  |   |  |
| Title or position of Authorized Officer: Treasurer   |        |  |  |   |  |
| Telephone number of Authorized Officer: 802-285-9911   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 140053 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SHOREHAM TEL.</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Dennis Andrews</span></p>  |  |  |   | <p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=shoreham tel.,l=, Date:5/14/2014</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Sr Vice President</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">256-586-1420</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">140064</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> |  |  |   |  |  |

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported  |        |  |           |
|---|--------|--|-----------|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |        |  |           |
| Name of Reporting Carrier   |        | Topsham Telephone, Inc.                    |           |
| Signature of Authorized Officer   |        | Date 5/20/14                               |           |
| Printed name of Authorized Officer  |        | Donald A. Ceresoli, Jr.                    |           |
| Title or position of Authorized Officer   |        | President                                  |           |
| Telephone number of Authorized Officer  |        | 315-324-5911 ext.                          |           |
| Study Area Code of Reporting Carrier  | 140068 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |        |  |           |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |  |   |  |
| Name of Reporting Carrier: <b>WAITSFIELD/FAYSTON</b>   |               |  |  |   |  |
| Signature of Authorized Officer: <b>Roger Nishi</b>  |               |  |  | <small>Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvr.com,O=waitsfield/fayston,I=Waitsfield VT 05673, Date:5/19/2014</small><br>Date: <b>5/19/2014</b> |  |
| Printed name of Authorized Officer: <b>Roger Nishi</b>   |               |  |  |   |  |
| Title or position of Authorized Officer: <b>Vice President - Industry Relations</b>  |               |  |  |   |  |
| Telephone number of Authorized Officer: <b>802-496-8336</b>  |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>140069</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |  |   |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: VERMONT TEL. CO-VT  |        |  |  |   |  |
| Signature of Authorized Officer: Fran Stocker  |        |  |  | <small>Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt, Date:5/20/2014</small><br>Date: 5/20/2014 |  |
| Printed name of Authorized Officer: Fran Stocker   |        |  |  |   |  |
| Title or position of Authorized Officer: Vice President of Finance   |        |  |  |   |  |
| Telephone number of Authorized Officer: 802-885-7745   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 147332 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported  |               |  |  |   |  |
|---|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |  |   |  |
| <p>Name of Reporting Carrier: <b>ARMSTRONG TEL CO-NY</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer: <b>James Ranko</b></p>  |               |  |  | <p>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-ny,l=, Date:5/19/2014</p> <p>Date: <b>5/19/2014</b></p> |  |
| <p>Printed name of Authorized Officer: <b>James Ranko</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer: <b>Controller</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer: <b>724-283-0925</b></p>  |               |  |  |   |  |
| Study Area Code of Reporting Carrier  | <b>150071</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |  |   |  |

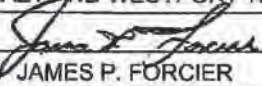
TO BE COMPLETED BY THE REPORTING CARRIER.

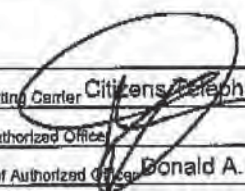
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CASSADAGA TEL CORP</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Bruce Clark</span></p>  |  |  |   | <p><small>Digitally signed by Bruce Clark DN:cn=Bruce Clark,email=bruce.clark@dfel.com,O=cassadaga tel corp,l=Fredonia NY 14063-0209, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Clark</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Vice President of Finance</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">716-673-3083</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">150076</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CHAMPLAIN TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Mark Webster</span></p>   |  |  |   | <p><small>Digitally signed by Mark Webster DN: cn=Mark Webster, email=mwebster@champlaintelephone.com, O=c hamplain tel co, l=Champlain NY 12919, Date: 5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Mark Webster</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">518-298-2480</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">150077</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 THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |                |
|--|--------|--|----------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |                |
| Name of Reporting Carrier CHAZY AND WESTPORT TELEPHONE CORPORATION   |        |  |                |
| Signature of Authorized Officer   |        |  | Date 5/12/2014 |
| Printed name of Authorized Officer JAMES P. FORCIER  |        |  |                |
| Title or position of Authorized Officer PRESIDENT  |        |  |                |
| Telephone number of Authorized Officer: (518) 962-8211, ext.   |        |  |                |
| Study Area Code of Reporting Carrier   | 150079 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014      |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |                |

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |           |
|--|--------|--|-----------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |           |
|   |        |  |           |
| Name of Reporting Carrier  |        | Citizens Telephone Company, Inc.           |           |
| Signature of Authorized Officer  |        | Date 5/20/14                               |           |
| Printed name of Authorized Officer   |        | Donald A. Ceresoli, Jr.                    |           |
| Title or position of Authorized Officer  |        | President                                  |           |
| Telephone number of Authorized Officer:  |        | 315-324-5911, ext.                         |           |
| Study Area Code of Reporting Carrier   | 150081 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |           |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>   |  |  |   |   |  |
|---|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CROWN POINT TEL CORP</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Shana Macey</span></p>   |  |  |   | <p>Digitally signed by Shana Macey DN:cn=Shana Macey,email=shana.macey@cptelco.net,O=crown point tel corp,l=Crown Point NY 12928, Date:5/13/2014</p> <p>Date: <span style="color: blue;">5/13/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Shana Macey</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">518-597-3300</span></p>   |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>   | <span style="color: blue;">150085</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: DELHI TEL CO  |        |  |  |  |  |
| Signature of Authorized Officer: Jason Miller  |        |  |  | <small>Digitally signed by Jason Miller DN:cn=Jason Miller,email=jason@delhitel.com,O=delhi tel co,l=Delhi NY 13753, Date:5/19/2014</small><br>Date: 5/19/2014 |  |
| Printed name of Authorized Officer: Jason Miller   |        |  |  |  |  |
| Title or position of Authorized Officer: Vice President/Treasurer  |        |  |  |  |  |
| Telephone number of Authorized Officer: 607-746-1524   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 150088 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">DUNKIRK &amp; FREDONIA</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Bruce Clark</span></p>  |  |  |   | <p><small>Digitally signed by Bruce Clark DN:cn=Bruce Clark,email=bruce.clark@dfel.com,O=dunkirk &amp; fredonia,l=Fredonia NY 14063-0209, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Clark</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Vice President of Finance</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">716-673-3083</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">150091</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">EMPIRE TEL CORP</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Tom Prestigiacomo</span></p>  |  |  |   | <p><small>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Tom Prestigiacomo</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">607-522-4237</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">150093</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported  |               |  |  |   |  |
|---|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |  |   |  |
| <p>Name of Reporting Carrier: <b>FISHERS ISLAND TEL</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer: <b>J. Finan</b></p>   |               |  |  | <p>Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=fishers island tel,l= , Date:5/14/2014</p> <p>Date: <b>5/14/2014</b></p> |  |
| <p>Printed name of Authorized Officer: <b>J. Finan</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer: <b>President</b></p>  |               |  |  |   |  |
| <p>Telephone number of Authorized Officer: <b>631-788-7251</b></p>  |               |  |  |   |  |
| Study Area Code of Reporting Carrier  | <b>150095</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: GERMANTOWN TEL CO   |        |  |  |  |  |
| Signature of Authorized Officer: Bruce Bohnsack  |        |  |  | <small>Digitally signed by Bruce Bohnsack DN: cn=Bruce Bohnsack, email=bruceb@gtel.net, O=germantown tel co, l=Germantown NY 12526, Date: 5/12/2014</small><br>Date: 5/12/2014 |  |
| Printed name of Authorized Officer: Bruce Bohnsack   |        |  |  |  |  |
| Title or position of Authorized Officer: President and CEO   |        |  |  |  |  |
| Telephone number of Authorized Officer: 518-537-4835   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 150097 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">HANCOCK TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Robert Wrighter, Jr</span></p>  |  |  |   | <p><small>Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjr@hancocktelephone.com,O=hancock tel co,l=Hancock NY 13783, Date:5/16/2014</small></p> |  |
| <p>Date: <span style="color: blue;">5/16/2014</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Robert Wrighter, Jr</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">607-637-9912</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">150099</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MARGARETVILLE TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Glen Faulkner</span></p>  |  |  |   | <p><small>Digitally signed by Glen Faulkner DN: cn=Glen Faulkner, email=mtcgf@catskill.net, O=margaretville tel co, l=Margaretville NY 12455, Date: 5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Glen Faulkner</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Asst Secretary / Treasurer</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">845-586-3311</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">150104</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: MIDDLEBURGH TEL CO  |        |  |  |  |  |
| Signature of Authorized Officer: Marjorie Becker   |        |  |  | Digitally signed by Marjorie Becker DN:cn=Marjorie Becker,email=info@midtel.net,O=middleburgh tel co,l=Middleburgh NY 12122-0191, Date:5/14/2014 |  |
| Date: 5/14/2014  |        |  |  |  |  |
| Printed name of Authorized Officer: Marjorie Becker  |        |  |  |  |  |
| Title or position of Authorized Officer: CEO & General Manager   |        |  |  |  |  |
| Telephone number of Authorized Officer: 518-827-5211   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 150105 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">NEWPORT TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Joseph Tomaino</span></p>   |  |  |   | <p><small>Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel co,l=Newport NY 13416, Date:5/12/2014</small></p> <p>Date: <span style="color: blue;">5/12/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Joseph Tomaino</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Vice President of Operations</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">315-845-8112</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">150107</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |  |   |   |  |
|--|----------------------|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |   |   |  |
| <p>Name of Reporting Carrier:      <b>NICHOLVILLE TEL CO</b></p>   |                      |  |   |   |  |
| <p>Signature of Authorized Officer:      <b>Jeffrey McGrath</b></p>  |                      |  |   | <p>Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slc.com,O=nicholville tel co,l=Nicholville NY 12965, Date:5/13/2014</p> |  |
| <p>Date:      <b>5/13/2014</b></p>   |                      |  |   |   |  |
| <p>Printed name of Authorized Officer:      <b>Jeffrey McGrath</b></p>   |                      |  |   |   |  |
| <p>Title or position of Authorized Officer:      <b>Vice President/CIO</b></p>   |                      |  |   |   |  |
| <p>Telephone number of Authorized Officer:      <b>315-328-5333</b></p>  |                      |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>150108</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>   |  |
| <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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ONEIDA COUNTY RURAL</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Thomas Ellis</span></p>   |  |  |   | <p><small>Digitally signed by Thomas Ellis DN:cn=Thomas Ellis,email=tellis@northlandcom.com,O=oneida county rural,lc= , Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Thomas Ellis</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Executive Vice President</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">315-624-2000</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">150111</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>   |  |  |   |   |  |
|---|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ONTARIO TEL CO, INC.</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Sean Socha</span></p>  |  |  |   | <p>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=ontario tel co, inc.,l= ,<br/>Date:5/15/2014</p> |  |
| <p>Date: <span style="color: blue;">5/15/2014</span></p>  |  |  |   |   |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Sean Socha</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">585-433-6666</span></p>   |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>   | <span style="color: blue;">150112</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |  |   |  |  |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |   |  |  |
| <p>Name of Reporting Carrier:      <b>PATTERSONVILLE TEL</b></p>   |                      |  |   |  |  |
| <p>Signature of Authorized Officer:      <b>Tammy Krisher</b></p>  |                      |  |   | <p><small>Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel,l=Rotterdam Junc NY 12150, Date:5/9/2014</small></p> <p>Date:      <b>5/9/2014</b></p> |  |
| <p>Printed name of Authorized Officer:      <b>Tammy Krisher</b></p>   |                      |  |   |  |  |
| <p>Title or position of Authorized Officer:      <b>President</b></p>  |                      |  |   |  |  |
| <p>Telephone number of Authorized Officer:      <b>518-887-2121</b></p>  |                      |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>150116</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>  |  |
| <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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |  |   |   |  |
|--|----------------------|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |   |   |  |
| <p>Name of Reporting Carrier:      <b>STATE TEL CO</b></p>   |                      |  |   |   |  |
| <p>Signature of Authorized Officer:      <b>Mark Evans</b></p>   |                      |  |   | <p>Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel co,l= , Date:5/12/2014</p> |  |
| <p>Date:      <b>5/12/2014</b></p>   |                      |  |   |   |  |
| <p>Printed name of Authorized Officer:      <b>Mark Evans</b></p>  |                      |  |   |   |  |
| <p>Title or position of Authorized Officer:      <b>Vice President</b></p>   |                      |  |   |   |  |
| <p>Telephone number of Authorized Officer:      <b>518-731-6128</b></p>  |                      |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>150125</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>   |  |
| <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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">TRUMANSBURG TEL CO.</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Sean Socha</span></p>   |  |  |   | <p><small>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@fttg.com,O=trumansburg tel co.,l= , Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Sean Socha</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">585-433-6666</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">150131</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |  |  |                  |
|--|--|--|------------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |  |  |                  |
| Name of Reporting Carrier <u>Altera of Warwick LLC</u>   |  |  |                  |
| Signature of Authorized Officer <u>Jennifer M Brown</u>  |  | Date <u>5/16/2014</u>                      |                  |
| Printed name of Authorized Officer <u>Jennifer M Brown</u>   |  |  |                  |
| Title or position of Authorized Officer <u>Corporate Secretary, Executive VP and Chief Administrative Officer</u>  |  |  |                  |
| Telephone number of Authorized Officer: <u>267.234.7300 ext. 1</u>   |  |  |                  |
| Study Area Code of Reporting Carrier <u>150135</u>   |  | Filing Due Date for this form (mm/dd/yyyy) | <u>6/16/2014</u> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |  |                  |

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |  |  |           |
|--|--|--|-----------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |  |  |           |
| Name of Reporting Carrier  | Altera of Warwick LLC  |  |           |
| Signature of Authorized Officer  | <i>Jennifer M Brown</i>  | Date                                       | 5/16/2014 |
| Printed name of Authorized Officer   | Jennifer M Brown   |  |           |
| Title or position of Authorized Officer  | Corporate Secretary, Executive VP and Chief Administrative Officer |  |           |
| Telephone number of Authorized Officer:  | 263234-7300 ext.   |  |           |
| Study Area Code of Reporting Carrier   | 160/35   | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |  |           |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CITIZENS - KECKSBURG</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Dennis Cutrell</span></p>   |  |  |   | <p><small>Digitally signed by Dennis Cutrell DN: cn=Dennis Cutrell, email=telco@wpa.net, O=citizens - kecksburg, I=Mammoth PA 15664-0156, Date: 5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Dennis Cutrell</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">724-424-4444</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">170156</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: HICKORY TEL CO  |        |  |  |  |  |
| Signature of Authorized Officer: Grier Adamson   |        |  |  | <small>Digitally signed by Grier Adamson DN:cn=Grier Adamson,email=grier@hky.com,O=hickory tel co,l= , Date:5/14/2014</small><br>Date: 5/14/2014 |  |
| Printed name of Authorized Officer: Grier Adamson  |        |  |  |  |  |
| Title or position of Authorized Officer: CEO/Treasurer   |        |  |  |  |  |
| Telephone number of Authorized Officer: 724-356-2211   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 170171 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">LACKAWAXEN TELECOM</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Deborah Szmyd</span></p>   |  |  |   | <p><small>Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=deborah.szmyd@ltis.net,O=lackawaxen telecom,lc=Rowland PA 18457, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Deborah Szmyd</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">570-685-1096</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">170177</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 THE REPORTING CARRIER,

|  |               |  |                        |
|--|---------------|--|------------------------|
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |               |  |                        |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |                        |
| Name of Reporting Carrier <b>Laurel Highland Telephone Company</b>   |               |  |                        |
| Signature of Authorized Officer   |               |  | Date <b>05/16/2014</b> |
| Printed name of Authorized Officer <b>James J. Kail</b>  |               |  |                        |
| Title or position of Authorized Officer <b>President/CEO</b>   |               |  |                        |
| Telephone number of Authorized Officer: <b>(724) 593-2411</b> ext.   |               |  |                        |
| Study Area Code of Reporting Carrier   | <b>170179</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |                        |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG TEL CO-PA</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">James Ranko</span></p>   |  |  |   | <p><small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-pa,/= , Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">James Ranko</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">724-283-0925</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">170189</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: NORTH-EASTERN PA TEL  |        |  |  |  |  |
| Signature of Authorized Officer: Thomas Mendicino  |        |  |  | <small>Digitally signed by Thomas Mendicino DN:cn=Thomas Mendicino,email=tommendo@nep.net,O=north-eastern pa tel,l=Forest City PA 18421, Date:5/13/2014</small><br>Date: 5/13/2014 |  |
| Printed name of Authorized Officer: Thomas Mendicino   |        |  |  |  |  |
| Title or position of Authorized Officer: Vice President  |        |  |  |  |  |
| Telephone number of Authorized Officer: 570-785-2210   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 170191 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>   |  |  |   |  |  |
|---|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">NORTH PENN TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Tom Prestigiacomo</span></p>   |  |  |   | <p>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/16/2014</p> |  |
| <p>Date: <span style="color: blue;">5/16/2014</span></p>  |  |  |   |  |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Tom Prestigiacomo</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">607-522-4237</span></p>   |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>   | <span style="color: blue;">170192</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: ARMSTRONG TEL NORTH   |        |  |  |   |  |
| Signature of Authorized Officer: James Ranko   |        |  |  | <small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel north, = , Date:5/19/2014</small><br>Date: 5/19/2014 |  |
| Printed name of Authorized Officer: James Ranko  |        |  |  |   |  |
| Title or position of Authorized Officer: Controller  |        |  |  |   |  |
| Telephone number of Authorized Officer: 724-283-0925   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 170195 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: PALMERTON TEL CO  |        |  |  |   |  |
| Signature of Authorized Officer: Thomas Lager  |        |  |  | <small>Digitally signed by Thomas Lager DN:cn=Thomas Lager,email=tlager@ptelco.com,O=palmerton tel co,l=Palmerton PA 18071, Date:5/15/2014</small><br>Date: 5/15/2014 |  |
| Printed name of Authorized Officer: Thomas Lager   |        |  |  |   |  |
| Title or position of Authorized Officer: Vice President of Operations  |        |  |  |   |  |
| Telephone number of Authorized Officer: 610-826-9272   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 170196 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |

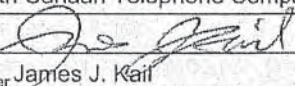
TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: PENNSYLVANIA TEL CO   |        |  |  |  |  |
| Signature of Authorized Officer: Mary Davis  |        |  |  | Digitally signed by Mary Davis DN:cn=Mary Davis,email=patelco@ovalinternet.net,O=pennsylvania tel co,l= , Date:5/19/2014 |  |
| Date: 5/19/2014  |        |  |  |  |  |
| Printed name of Authorized Officer: Mary Davis   |        |  |  |  |  |
| Title or position of Authorized Officer: Vice President  |        |  |  |  |  |
| Telephone number of Authorized Officer: 570-745-7101   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 170197 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |        |  |  |   |  |
|--|--------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |        |  |  |   |  |
| <p>Name of Reporting Carrier: PYMATUNING IND TEL</p>   |        |  |  |   |  |
| <p>Signature of Authorized Officer: <b>Deborah Nobles</b></p>  |        |  |  | <p><small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=pymatuning ind tel,lc= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> |  |
| <p>Printed name of Authorized Officer: Deborah Nobles</p>  |        |  |  |   |  |
| <p>Title or position of Authorized Officer: VP Regulatory Affairs</p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer: 904-688-0029</p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 170200 |  | 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 THE REPORTING CARRIER,

|   |   |                         |                               |
|---|---|-------------------------|-------------------------------|
| <p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>  |   |                         |                               |
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |   |                         |                               |
| <p>Name of Reporting Carrier <b>South Canaan Telephone Company</b></p>  |   |                         |                               |
| <p>Signature of Authorized Officer </p>  |   |                         | <p>Date <b>05/16/2014</b></p> |
| <p>Printed name of Authorized Officer <b>James J. Kail</b></p>  |   |                         |                               |
| <p>Title or position of Authorized Officer <b>President/CEO</b></p>   |   |                         |                               |
| <p>Telephone number of Authorized Officer: <b>(724) 593-2411</b> ext.</p>   |   |                         |                               |
| <p>Study Area Code of Reporting Carrier <b>170205</b></p>   | <p>Filing Due Date for this form<br/>(mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p> |                               |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |   |                         |                               |

Carrier Cert

Transmittal No. 1423



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **South Canaan Telephone Company**

Signature of Authorized Officer

*James J. Kall*

Date **11/4/2014**

Printed name of Authorized Officer **James J. Kall**

Title or position of Authorized Officer **President & CEO**

Telephone number of Authorized Officer: **(724) 593-2411** ext.

Study Area Code of Reporting Carrier

**170205**

Filing Due Date for this form  
(mm/dd/yyyy) **11/14/14**

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.

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: VENUS TEL CORP  |        |  |  |   |  |
| Signature of Authorized Officer: Janice Kline  |        |  |  | <small>Digitally signed by Janice Kline DN:cn=Janice Kline,email=jk@venustel.com,O=venus tel corp,l=Venus PA 16364, Date:5/7/2014</small><br>Date: 5/7/2014 |  |
| Printed name of Authorized Officer: Janice Kline   |        |  |  |   |  |
| Title or position of Authorized Officer: General Manager and Asst. Sec/Treas.  |        |  |  |   |  |
| Telephone number of Authorized Officer: 814-354-6400   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 170210 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |                 |
|--|--------|--|-----------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |                 |
| Name of Reporting Carrier Yukon-Waltz Telephone Company  |        |  |                 |
| Signature of Authorized Officer   |        |  | Date 05/16/2014 |
| Printed name of Authorized Officer James J. Kall   |        |  |                 |
| Title or position of Authorized Officer President/CEO  |        |  |                 |
| Telephone number of Authorized Officer: (724) 593-2411 ext.  |        |  |                 |
| Study Area Code of Reporting Carrier   | 170215 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |                 |

TO BE COMPLETED BY THE REPORTING CARRIER.


| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WEST SIDE TEL CO-PA</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>   |  |  |   | <p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa,lc= , Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">V.P. Operations, General manager</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">304-983-8642</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">170277</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: ARMSTRONG TEL OF MD   |        |  |  |   |  |
| Signature of Authorized Officer: James Ranko   |        |  |  | <small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel of md,lc=, Date:5/19/2014</small><br>Date: 5/19/2014 |  |
| Printed name of Authorized Officer: James Ranko  |        |  |  |   |  |
| Title or position of Authorized Officer: Controller  |        |  |  |   |  |
| Telephone number of Authorized Officer: 724-283-0925   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 180216 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |  |                  |
|--|---------------|--|------------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |                  |
| Name of Reporting Carrier <b>Buggs Island Telephone Cooperative</b>  |               |  |                  |
| Signature of Authorized Officer   |               | Date <b>5-20-14</b>                        |                  |
| Printed name of Authorized Officer <b>Jerry Jones</b>  |               |  |                  |
| Title or position of Authorized Officer <b>President</b>   |               |  |                  |
| Telephone number of Authorized Officer: <b>(434) 636-2274 ext.</b>   |               |  |                  |
| Study Area Code of Reporting Carrier   | <b>190219</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. |               |  |                  |

Carrier Cert

Transmittal No. 1423

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: BURKE'S GARDEN TEL  |        |  |  |  |  |
| Signature of Authorized Officer: Missy Lynch   |        |  |  | <small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgto.net,O=burke's garden tel,l= , Date:5/14/2014</small><br>Date: 5/14/2014 |  |
| Printed name of Authorized Officer: Missy Lynch  |        |  |  |  |  |
| Title or position of Authorized Officer: Office Manager/Secretary  |        |  |  |  |  |
| Telephone number of Authorized Officer: 276-472-2345   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 190220 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: CITIZENS TEL COOP   |        |  |  |   |  |
| Signature of Authorized Officer: Greg Sapp   |        |  |  | <small>Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel coop, Floyd VA 24091-0137, Date:5/20/2014</small><br>Date: 5/20/2014 |  |
| Printed name of Authorized Officer: Greg Sapp  |        |  |  |   |  |
| Title or position of Authorized Officer: CEO & General Manager   |        |  |  |   |  |
| Telephone number of Authorized Officer: 540-745-2111   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 190225 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">HIGHLAND TEL COOP</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Ruth Newman</span></p>  |  |  |   | <p><small>Digitally signed by Ruth Newman DN:cn=Ruth Newman,email=newmanr@htcnet.org,O=highland tel coop,l=Monterey VA 24465, Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Ruth Newman</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Co-General Manager/Secretary</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">540-468-2131</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">190237</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MGW TEL. CO. INC.</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Sheri Smith</span></p>   |  |  |   | <p><small>Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw tel. co. inc.,l= , Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Sheri Smith</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">540-925-5235</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">190238</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: NEW HOPE TEL COOP   |        |  |  |  |  |
| Signature of Authorized Officer: Laurie Hensley  |        |  |  | <small>Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,i=New Hope VA 24469, Date:5/15/2014</small><br>Date: 5/15/2014 |  |
| Printed name of Authorized Officer: Laurie Hensley   |        |  |  |  |  |
| Title or position of Authorized Officer: Secretary-Treasurer   |        |  |  |  |  |
| Telephone number of Authorized Officer: 540-363-6277   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 190239 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |  |                     |
|--|---------------|--|---------------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |                     |
| Name of Reporting Carrier <b>Pembroke Telephone Cooperative</b>  |               |  |                     |
| Signature of Authorized Officer <i>Leon A. Law</i>   |               |  | Date <b>5-16-14</b> |
| Printed name of Authorized Officer <b>Leon A. Law</b>  |               |  |                     |
| Title or position of Authorized Officer <b>President</b>   |               |  |                     |
| Telephone number of Authorized Officer: <b>(540) 626-7111</b> ext.   |               |  |                     |
| Study Area Code of Reporting Carrier   | <b>190243</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>    |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |                     |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |               |  |   |   |  |
|--|---------------|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |               |  |   |   |  |
| <p>Name of Reporting Carrier:      <u>SCOTT COUNTY COOP</u></p>  |               |  |   |   |  |
| <p>Signature of Authorized Officer:      <u>Daniel Odom</u></p>  |               |  |   | <p><small>Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county coop,l=Gate City VA 24251, Date:5/13/2014</small></p> <p>Date:      <u>5/13/2014</u></p> |  |
| <p>Printed name of Authorized Officer:      <u>Daniel Odom</u></p>   |               |  |   |   |  |
| <p>Title or position of Authorized Officer:      <u>Chief Financial Officer</u></p>  |               |  |   |   |  |
| <p>Telephone number of Authorized Officer:      <u>276-452-7224</u></p>  |               |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <u>190248</u> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <u>6/16/2014</u>  |  |
| <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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">LUMOS TEL. BOTETOURT</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mary McDermott</span></p>  |  |  |   | <p><small>Digitally signed by Mary McDermott DN:cn=Mary McDermott,email=mcdermottm@lumosnet.com,O=lumos tel. botetourt,l=Waynesboro VA 22980, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Mary McDermott</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Senior VP, Legal and Regulatory Affairs</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">540-946-8677</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">190249</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">LUMOS TEL. BOTETOURT</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mary McDermott</span></p>  |  |  |   | <p><small>Digitally signed by Mary McDermott DN:cn=Mary McDermott,email=mcdermottm@lumosnet.com,O=lumos tel. botetourt,l=Waynesboro VA 22980, Date:11/5/2014</small></p> <p>Date: <span style="color: blue;">11/5/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Mary McDermott</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Senior VP, Legal and Regulatory Affairs</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">540-946-8677</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">190249</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">11/14/2014</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SHENANDOAH TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Thomas Reed</span></p>  |  |  |   | <p><small>Digitally signed by Thomas Reed DN: cn=Thomas Reed, email=thomas.reed@emp.shentel.com, O=shenandoah tel co, Inc., Date: 5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Thomas Reed</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Controller of Financial Reporting</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">540-984-5295</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">190250</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
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| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SHENANDOAH - NR</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Thomas Reed</span></p>  |  |  |   | <p><small>Digitally signed by Thomas Reed DN: cn=Thomas Reed, email=thomas.reed@emp.shentel.com, O=shenandoah - nr, Date: 5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Thomas Reed</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Controller of Financial Reporting</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">540-984-5295</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">197251</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: ARMSTRONG OF WV   |        |  |  |   |  |
| Signature of Authorized Officer: James Ranko   |        |  |  | <small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong of wv,l= , Date:5/19/2014</small><br>Date: 5/19/2014 |  |
| Printed name of Authorized Officer: James Ranko  |        |  |  |   |  |
| Title or position of Authorized Officer: Controller  |        |  |  |   |  |
| Telephone number of Authorized Officer: 724-283-0925   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 200256 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |  |   |  |  |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |   |  |  |
| <p>Name of Reporting Carrier:      <b>SPRUCE KNOB SENECA</b></p>   |                      |  |   |  |  |
| <p>Signature of Authorized Officer:      <b>Vickie Colaw</b></p>   |                      |  |   | <p><small>Digitally signed by Vickie Colaw DN:cn=Vickie Colaw,email=vcolaw@spruceknob.net,O=spruce knob seneca,l=Riverton WV 26814-0100, Date:5/16/2014</small></p> <p>Date:      <b>5/16/2014</b></p> |  |
| <p>Printed name of Authorized Officer:      <b>Vickie Colaw</b></p>  |                      |  |   |  |  |
| <p>Title or position of Authorized Officer:      <b>General Manager</b></p>  |                      |  |   |  |  |
| <p>Telephone number of Authorized Officer:      <b>304-567-2121</b></p>  |                      |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>200257</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>  |  |
| <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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WAR TEL LLC</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>   |  |  |   | <p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,l= , Date:5/15/2014</p> <p>Date: <span style="color: blue;">5/15/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Sr Vice President</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">256-586-1420</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">200258</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: WAR TEL LLC   |        |  |  |  |  |
| Signature of Authorized Officer: Dennis Andrews  |        |  |  | <small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,l= , Date:10/28/2014</small><br>Date: 10/28/2014 |  |
| Printed name of Authorized Officer: Dennis Andrews   |        |  |  |  |  |
| Title or position of Authorized Officer: Sr Vice President   |        |  |  |  |  |
| Telephone number of Authorized Officer: 256-586-1420   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 200258 |  | Filing Due Date for this form (mm/dd/yyyy) | 11/14/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported  |               |  |  |   |  |
|---|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |  |   |  |
| <p>Name of Reporting Carrier: <b>HARDY TELECOM</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer: <b>Scott Sherman</b></p>  |               |  |  | <p>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom,lc= , Date:5/13/2014</p> |  |
| <p>Date: <b>5/13/2014</b></p>   |               |  |  |   |  |
| <p>Printed name of Authorized Officer: <b>Scott Sherman</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer: <b>General Manager &amp; CEO</b></p>  |               |  |  |   |  |
| <p>Telephone number of Authorized Officer: <b>304-897-9911</b></p>  |               |  |  |   |  |
| Study Area Code of Reporting Carrier  | <b>200259</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG TEL. CO.</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">James Ranko</span></p>   |  |  |   | <p><small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel. co.,l= , Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">James Ranko</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">724-283-0925</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">200267</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WEST SIDE TEL-WV</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>   |  |  |   | <p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel-wv,l= , Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">V.P. Operations, General manager</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">304-983-8642</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">200277</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: ITS TELECOMM. SYS.  |        |  |  |  |  |
| Signature of Authorized Officer: Don Pittman   |        |  |  | <small>Digitally signed by Don Pittman DN:cn=Don Pittman,email=donp@itstelecom.net,O=its telecomm. sys.,l=Indiantown FL 34956, Date:5/8/2014</small><br>Date: 5/8/2014 |  |
| Printed name of Authorized Officer: Don Pittman  |        |  |  |  |  |
| Title or position of Authorized Officer: Vice President/CFO  |        |  |  |  |  |
| Telephone number of Authorized Officer: 772-597-3767   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 210331 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |  |   |  |
| Name of Reporting Carrier: <b>NORTHEAST FLORIDA</b>  |               |  |  |   |  |
| Signature of Authorized Officer: <b>Deborah Nobles</b>   |               |  |  | <small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=northeast florida,lc=, Date:5/19/2014</small><br>Date: <b>5/19/2014</b> |  |
| Printed name of Authorized Officer: <b>Deborah Nobles</b>  |               |  |  |   |  |
| Title or position of Authorized Officer: <b>VP Regulatory Affairs</b>  |               |  |  |   |  |
| Telephone number of Authorized Officer: <b>904-688-0029</b>  |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>210335</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

|   |  |        |   |  |  |
|---|--|--------|---|--|--|
| Name of Reporting Carrier   |  |        |   | Valley Telephone Co., LLC                  |  |
| Signature of Authorized Officer   |  |        |  |  |  |
| Date  |  |        | 5/9/2014  |  |  |
| Printed name of Authorized Officer  |  |        |   |  |  |
| Bruce Schoonover  |  |        |   |  |  |
| Title or position of Authorized Officer   |  |        |   |  |  |
| Vice-President Regulatory Compliance  |  |        |   |  |  |
| Telephone number of Authorized Officer: (706) 645-8116 ext.   |  |        |   |  |  |
| Study Area Code of Reporting Carrier  |  | 220324 |   | Filing Due Date for this form (mm/dd/yyyy) |  |
|   |  |        |   | 6/16/2014                                  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |  |        |   |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: ALMA TEL CO   |        |  |  |   |  |
| Signature of Authorized Officer: Kevin Brooks  |        |  |  | <small>Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel co,l=Alma GA 31510, Date:5/8/2014</small><br>Date: 5/8/2014 |  |
| Printed name of Authorized Officer: Kevin Brooks   |        |  |  |   |  |
| Title or position of Authorized Officer: President   |        |  |  |   |  |
| Telephone number of Authorized Officer: 912-632-8603   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 220344 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: BRANTLEY TEL CO   |        |  |  |  |  |
| Signature of Authorized Officer: Donovan Strickland  |        |  |  | Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 31553, Date:5/15/2014 |  |
| Date: 5/15/2014  |        |  |  |  |  |
| Printed name of Authorized Officer: Donovan Strickland   |        |  |  |  |  |
| Title or position of Authorized Officer: Vice President/General Manager  |        |  |  |  |  |
| Telephone number of Authorized Officer: 912-462-5111   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 220347 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |  |   |  |
| Name of Reporting Carrier: <b>BULLOCH COUNTY RURAL</b>   |               |  |  |   |  |
| Signature of Authorized Officer: <b>John Scott</b>   |               |  |  | <small>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch county rural,l= , Date:5/8/2014</small><br>Date: <b>5/8/2014</b> |  |
| Printed name of Authorized Officer: <b>John Scott</b>  |               |  |  |   |  |
| Title or position of Authorized Officer: <b>General Manager/COO</b>  |               |  |  |   |  |
| Telephone number of Authorized Officer: <b>912-865-1100</b>  |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>220348</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CHICKAMAUGA TEL CORP</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Charles Fail</span></p>  |  |  |   | <p><small>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charlief@nexband.com,O=chickamauga tel corp,l=Bay Springs MS 39422, Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Charles Fail</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">601-764-3463</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">220354</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 THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |           |                |
|--|--------|--|-----------|----------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |           |                |
| Name of Reporting Carrier: Citizens Telephone Company, Inc.  |        |  |           |                |
| Signature of Authorized Officer:    |        |  |           | Date: 5/8/2014 |
| Printed name of Authorized Officer: Chad Ledger  |        |  |           |                |
| Title or position of Authorized Officer: General Manager   |        |  |           |                |
| Telephone number of Authorized Officer: (229) 874-4145 ext.  |        |  |           |                |
| Study Area Code of Reporting Carrier   | 220355 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |                |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |           |                |

TO BE COMPLETED BY THE REPORTING CARRIER,

|  |               |  |                      |
|--|---------------|--|----------------------|
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |               |  |                      |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |                      |
| Name of Reporting Carrier <b>Darien Telephone Co., Inc.</b>  |               |  |                      |
| Signature of Authorized Officer <i>Mary Lou Forsyth</i>  |               |  | Date <b>5-9-2014</b> |
| Printed name of Authorized Officer <b>Mary Lou Forsyth</b>   |               |  |                      |
| Title or position of Authorized Officer <b>President</b>   |               |  |                      |
| Telephone number of Authorized Officer: <b>(912) 437-6611</b> ext.   |               |  |                      |
| Study Area Code of Reporting Carrier   | <b>220358</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>     |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |                      |


TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: GLENWOOD TEL CO   |        |  |  |  |  |
| Signature of Authorized Officer: Janice O'Brien  |        |  |  | Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@glenwoodtelephone.com,O=glenwood tel co,l=Glenwood GA 30428-0235, Date:5/8/2014 |  |
| Date: 5/8/2014   |        |  |  |  |  |
| Printed name of Authorized Officer: Janice O'Brien   |        |  |  |  |  |
| Title or position of Authorized Officer: President   |        |  |  |  |  |
| Telephone number of Authorized Officer: 912-523-5111   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 220365 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |   |                        |
|--|---------------|---|------------------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |   |                        |
| Name of Reporting Carrier <u>Hart Telephone Company</u>  |               |   |                        |
| Signature of Authorized Officer <u><i>Randy Daniel</i></u>   |               |   | Date <u>05/08/2014</u> |
| Printed name of Authorized Officer <u>Randy Daniel</u>   |               |   |                        |
| Title or position of Authorized Officer <u>President</u>   |               |   |                        |
| Telephone number of Authorized Officer: <u>(706) 376-4701</u> ext. <u>        </u>   |               |   |                        |
| Study Area Code of Reporting Carrier   | <u>220368</u> | Filing Due Date for this form<br>(mm/dd/yyyy) | <u>6/16/2014</u>       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |   |                        |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |                 |
|--|--------|--|-----------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |                 |
| Name of Reporting Carrier ComSouth Telecommunications, Inc.  |        |  |                 |
| Signature of Authorized Officer   |        |  | Date 05/19/2014 |
| Printed name of Authorized Officer Scott Obert-Thorn   |        |  |                 |
| Title or position of Authorized Officer CFO  |        |  |                 |
| Telephone number of Authorized Officer, (478) 783-4001 ext.  |        |  |                 |
| Study Area Code of Reporting Carrier   | 220369 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |                 |



TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: PEMBROKE TEL CO   |        |  |  |  |  |
| Signature of Authorized Officer: Mary Anna Hite  |        |  |  | <small>Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel co,l=Pembroke GA 31321, Date:5/19/2014</small><br>Date: 5/19/2014 |  |
| Printed name of Authorized Officer: Mary Anna Hite   |        |  |  |  |  |
| Title or position of Authorized Officer: Secretary-Treasurer/General Manager   |        |  |  |  |  |
| Telephone number of Authorized Officer: 912-653-4389   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 220376 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

|  |  |        |  |                                      |  |
|--|--|--------|--|--------------------------------------|--|
| Name of Reporting Carrier  |  |        |  | Pineland Telephone Cooperative, Inc. |  |
| Signature of Authorized Officer  |  |        | Date 5/8/14                                |                                      |  |
| Printed name of Authorized Officer   |  |        |  | Dustin Darden                        |  |
| Title or position of Authorized Officer  |  |        |  | Executive VP                         |  |
| Telephone number of Authorized Officer: (912) 685-2121 ext.  |  |        |  |                                      |  |
| Study Area Code of Reporting Carrier   |  | 220377 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014                            |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |        |  |                                      |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">PLANTERS RURAL COOP</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">John Lacienski</span></p>   |  |  |   | <p><small>Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural coop,l=Newington GA 30446, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">John Lacienski</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">912-857-4411</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">220378</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 THE REPORTING CARRIER,

|  |               |   |                        |
|--|---------------|---|------------------------|
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |               |   |                        |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |   |                        |
| Name of Reporting Carrier <b>PLANT TELEPHONE COMPANY</b>   |               |   |                        |
| Signature of Authorized Officer <i>Danny E. Sterling</i>   |               |   | Date <b>05/08/2014</b> |
| Printed name of Authorized Officer <b>DANNY E. STERLING</b>  |               |   |                        |
| Title or position of Authorized Officer <b>PRESIDENT &amp; GENERAL MANAGER</b>   |               |   |                        |
| Telephone number of Authorized Officer: <b>(229) 528-4777</b> , ext. _____   |               |   |                        |
| Study Area Code of Reporting Carrier   | <b>220379</b> | Filing Due Date for this form<br>(mm/dd/yyyy) | <b>6/16/2014</b>       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |   |                        |

TO BE COMPLETED BY THE REPORTING CARRIER.

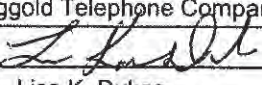
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |  |   |   |  |
|--|----------------------|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |   |   |  |
| <p>Name of Reporting Carrier:      <b>PROGRESSIVE RURAL</b></p>  |                      |  |   |   |  |
| <p>Signature of Authorized Officer:      <b>Wayne Dixon</b></p>  |                      |  |   | <p>Digitally signed by Wayne Dixon DN:cn=Wayne Dixon,email=swdixon@progressivetel.com,O=progressive rural,l=Rentz GA 31075, Date:5/9/2014</p> |  |
| <p>Date:      <b>5/9/2014</b></p>  |                      |  |   |   |  |
| <p>Printed name of Authorized Officer:      <b>Wayne Dixon</b></p>   |                      |  |   |   |  |
| <p>Title or position of Authorized Officer:      <b>General Manager</b></p>  |                      |  |   |   |  |
| <p>Telephone number of Authorized Officer:      <b>478-984-4201</b></p>  |                      |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>220380</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>   |  |
| <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 THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |   |  |  |               |
|--|---|--|--|---------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |   |  |  |               |
| Name of Reporting Carrier  | Public Service Telephone Company  |  |  |               |
| Signature of Authorized Officer  |  |  |  | Date 05/15/14 |
| Printed name of Authorized Officer   | James L. Bond   |  |  |               |
| Title or position of Authorized Officer  | President   |  |  |               |
| Telephone number of Authorized Officer: (478) 847-4111 ext. 6520   |   |  |  |               |
| Study Area Code of Reporting Carrier   | 220381  |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014     |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |   |  |  |               |

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |   |                       |
|--|---------------|---|-----------------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |   |                       |
| Name of Reporting Carrier <b>Ringgold Telephone Company</b>  |               |   |                       |
| Signature of Authorized Officer   |               |   | Date <b>5/12/2014</b> |
| Printed name of Authorized Officer <b>Lisa K. Dukes</b>  |               |   |                       |
| Title or position of Authorized Officer <b>Chief Financial Officer</b>   |               |   |                       |
| Telephone number of Authorized Officer: <b>(796) 965-2345</b> , ext.   |               |   |                       |
| Study Area Code of Reporting Carrier   | <b>220382</b> | Filing Due Date for this form<br>(mm/dd/yyyy) | <b>6/16/2014</b>      |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |   |                       |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: TRENTON TEL CO  |        |  |  |  |  |
| Signature of Authorized Officer: Steven Tatum  |        |  |  | <small>Digitally signed by Steven Tatum DN: cn=Steven Tatum, email=statum@tvn.net, O=trenton tel co, l= , Date: 5/8/2014</small><br>Date: 5/8/2014 |  |
| Printed name of Authorized Officer: Steven Tatum   |        |  |  |  |  |
| Title or position of Authorized Officer: Vice President  |        |  |  |  |  |
| Telephone number of Authorized Officer: 706-657-4367   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 220389 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |         |   |   |         |
|--|----------------------|---------|---|---|---------|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |         |   |   |         |
| <p>Name of Reporting Carrier:      <b>WAVERLY HALL, LLC</b></p>  |                      |         |   |   |         |
| <p>Signature of Authorized Officer:      <b>Robert Jones</b></p>   |                      |         |   | <p>Digitally signed by Robert Jones DN:cn=Robert Jones,email=rjones@wavetel.us,O=waverly hall, llc,l=Waverly Hall GA 31831, Date:5/9/2014</p> |         |
| <p>Date:      <b>5/9/2014</b></p>  |                      |         |   |   |         |
| <p>Printed name of Authorized Officer:      <b>Robert Jones</b></p>  |                      |         |   |   |         |
| <p>Title or position of Authorized Officer:      <b>General Manager</b></p>  |                      |         |   |   |         |
| <p>Telephone number of Authorized Officer:      <b>706-582-3333</b></p>  |                      |         |   |   |         |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>220392</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>   | <p></p> |
| <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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WILKES TEL &amp; ELC CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">George Dyson</span></p>   |  |  |   | <p><small>Digitally signed by George Dyson DN:cn=George Dyson,email=gad@nu-z.net,O=wilkes tel &amp; elc co,l=Washington GA 30673, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">George Dyson</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President/Owner</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">706-678-9544</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">220394</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 THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |  |                  |                       |
|--|---------------|--|------------------|-----------------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |                  |                       |
| Name of Reporting Carrier <b>Ellerbe Telephone Company</b>   |               |  |                  |                       |
| Signature of Authorized Officer <i>Jeffrey W Long</i>  |               |  |                  | Date <b>5/19/2014</b> |
| Printed name of Authorized Officer <b>Jeffrey W Long</b>   |               |  |                  |                       |
| Title or position of Authorized Officer <b>Vice President</b>  |               |  |                  |                       |
| Telephone number of Authorized Officer: <b>(910) 652-2221</b> ext.   |               |  |                  |                       |
| Study Area Code of Reporting Carrier   | <b>230478</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b> |                       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |                  |                       |

TO BE COMPLETED BY THE REPORTING CARRIER,

|  |        |  |               |  |
|--|--------|--|---------------|--|
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |        |  |               |  |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |               |  |
| Name of Reporting Carrier North State Telephone Company dba North State Communications   |        |  |               |  |
| Signature of Authorized Officer <i>Lynn B. Welborn</i>   |        |  | Date 05/20/14 |  |
| Printed name of Authorized Officer Lynn B. Welborn   |        |  |               |  |
| Title or position of Authorized Officer Vice President - Administration  |        |  |               |  |
| Telephone number of Authorized Officer: (336) 886-3766 ext.  |        |  |               |  |
| Study Area Code of Reporting Carrier   | 230491 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014     |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |               |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |  |                     |
|--|---------------|--|---------------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |                     |
| Name of Reporting Carrier <u>Town of Pineville dba Pineville Telephone Co</u>  |               |  |                     |
| Signature of Authorized Officer <u>Gary W. Creech</u>  |               |  | Date <u>5-20-14</u> |
| Printed name of Authorized Officer <u>Gary W. Creech</u>   |               |  |                     |
| Title or position of Authorized Officer <u>General Manager</u>   |               |  |                     |
| Telephone number of Authorized Officer: <u>(704) 884-2000</u> ext. _____   |               |  |                     |
| Study Area Code of Reporting Carrier   | <u>230494</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>6/16/2014</u>    |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |                     |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Randolph Telephone Membership Corporation**

Signature of Authorized Officer  Date **05/15/2014**

Printed name of Authorized Officer **Frankie L. Cagle**

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

Telephone number of Authorized Officer: **(336) 879-7973** ext.

|                                      |               |   |                  |
|--------------------------------------|---------------|---|------------------|
| Study Area Code of Reporting Carrier | <b>230496</b> | Filing Due Date for this form<br>(mm/dd/yyyy) | <b>6/16/2014</b> |
|--------------------------------------|---------------|---|------------------|

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: SURRY MEMBERSHIP  |        |  |  |  |  |
| Signature of Authorized Officer: Curtis Taylor   |        |  |  | <small>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/14/2014</small><br>Date: 5/14/2014 |  |
| Printed name of Authorized Officer: Curtis Taylor  |        |  |  |  |  |
| Title or position of Authorized Officer: CEO   |        |  |  |  |  |
| Telephone number of Authorized Officer: 336-374-4535   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 230497 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: STAR MEMBERSHIP CORP  |        |  |  |  |  |
| Signature of Authorized Officer: Lyman Horne   |        |  |  | <small>Digitally signed by Lyman Horne DN:cn=Lyman Horne,email=lmhorne@stmc.net,O=star membership corp,l=Clinton NC 28328, Date:5/13/2014</small><br>Date: 5/13/2014 |  |
| Printed name of Authorized Officer: Lyman Horne  |        |  |  |  |  |
| Title or position of Authorized Officer: EVP & General Manager   |        |  |  |  |  |
| Telephone number of Authorized Officer: 910-564-7827   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 230502 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |



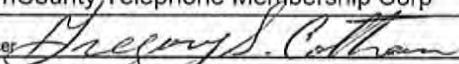
TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: SURRY MEMBERSHIP  |        |  |  |  |  |
| Signature of Authorized Officer: Curtis Taylor   |        |  |  | <small>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/14/2014</small><br>Date: 5/14/2014 |  |
| Printed name of Authorized Officer: Curtis Taylor  |        |  |  |  |  |
| Title or position of Authorized Officer: CEO   |        |  |  |  |  |
| Telephone number of Authorized Officer: 336-374-4535   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 230503 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

|  |  |        |  |   |  |
|--|--|--------|--|---|--|
| Name of Reporting Carrier                                    |  |        |  | TriCounty Telephone Membership Corp   |  |
| Signature of Authorized Officer                              |  |        |  |  |  |
| Date   |  |        |  | 5-19-14   |  |
| Printed name of Authorized Officer                           |  |        |  |   |  |
| Gregory S Coltrain   |  |        |  |   |  |
| Title or position of Authorized Officer                      |  |        |  |   |  |
| CEO/General Manager  |  |        |  |   |  |
| Telephone number of Authorized Officer: (252) 964-8000, ext. |  |        |  |   |  |
| Study Area Code of Reporting Carrier                         |  | 230505 |  | Filing Due Date for this form (mm/dd/yyyy)  |  |
|  |  |        |  | 6/16/2014   |  |

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

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |  |                         |
|--|---------------|--|-------------------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |                         |
| Name of Reporting Carrier <b>Wilkes Telephone Membership Corporation</b>   |               |  |                         |
| Signature of Authorized Officer   |               |  | Date <b>May 8, 2014</b> |
| Printed name of Authorized Officer <b>Eric S. Cramer</b>   |               |  |                         |
| Title or position of Authorized Officer <b>Chief Executive Officer / General Manager</b>   |               |  |                         |
| Telephone number of Authorized Officer: <b>(336) 973-3103</b>  |               |  |                         |
| Study Area Code of Reporting Carrier   | <b>230510</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>        |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |                         |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">PALMETTO RURAL COOP</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Dewaine Wilson</span></p>   |  |  |   | <p><small>Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural coop, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Dewaine Wilson</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">843 538-9382</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">240536</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 THE REPORTING CARRIER,

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>   |                      |   |                           |
|---|----------------------|---|---------------------------|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |                      |   |                           |
| <p>Name of Reporting Carrier <b>Piedmont Rural Telephone Cooperative, Inc.</b></p>  |                      |   |                           |
| <p>Signature of Authorized Officer </p>  |                      |   | <p>Date <b>5-8-14</b></p> |
| <p>Printed name of Authorized Officer <b>Randal J. Odom</b></p>   |                      |   |                           |
| <p>Title or position of Authorized Officer <b>Chief Executive Officer</b></p>   |                      |   |                           |
| <p>Telephone number of Authorized Officer: <b>(864) 682-3131</b> ext. _____</p>   |                      |   |                           |
| <p>Study Area Code of Reporting Carrier</p>   | <p><b>240538</b></p> | <p>Filing Due Date for this form<br/>(mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>   |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |                      |   |                           |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">PBT TELECOM, INC.</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">L. Spearman</span></p>  |  |  |   | <p><small>Digitally signed by L. Spearman DN:cn=L. Spearman,email=bspearman@pbttel.net,O=pbt telecom, inc., Date:5/7/2014</small></p> <p>Date: <span style="color: blue;">5/7/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">L. Spearman</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Director of Business Development</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">803-894-1104</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">240539</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>   |  |  |   |  |  |
|---|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SANDHILL TEL COOP</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Lee Chambers</span></p>  |  |  |   | <p>Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@shtc.net,O=sandhill tel coop,l=Jefferson SC 29718, Date:5/16/2014</p> <p>Date: <span style="color: blue;">5/16/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Lee Chambers</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CEO/Manager</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">843-658-6379</span></p>   |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>   | <span style="color: blue;">240546</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WEST CAROLINA RURAL</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Jeff Wilson</span></p>  |  |  |   | <p><small>Digitally signed by Jeff Wilson DN:cn=Jeff Wilson,email=jeff.wilson@wctel.net,O=west carolina rural,l=Abbeville SC 29620-0610, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Jeff Wilson</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">864-446-9251</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">240550</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: BLOUNTSVILLE TEL LLC  |        |  |  |  |  |
| Signature of Authorized Officer: Dennis Andrews  |        |  |  | <small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville tel llc,lc= , Date:5/15/2014</small><br>Date: 5/15/2014 |  |
| Printed name of Authorized Officer: Dennis Andrews   |        |  |  |  |  |
| Title or position of Authorized Officer: Sr Vice President   |        |  |  |  |  |
| Telephone number of Authorized Officer: 256-586-1420   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 250282 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

4-5

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported  |               |  |                     |
|---|---------------|--|---------------------|
| (I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.)                  |               |  |                     |
| Name of Reporting Carrier <u>Castleberry Telephone Co., Inc</u>   |               |  |                     |
| Signature of Authorized Officer <u>Homer Holland</u>  |               |  | Date <u>5-12-14</u> |
| Printed name of Authorized Officer <u>Homer Holland</u>   |               |  |                     |
| Title or position of Authorized Officer <u>Sec / Treas</u>  |               |  |                     |
| Telephone number of Authorized Officer <u>(251) 966-2115</u>  |               |  |                     |
| Study Area Code of Reporting Carrier  | <u>250285</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>6/16/2014</u>    |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 |               |  |                     |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **National Telephone of Alabama, Inc.**

Signature of Authorized Officer

*James W. Garner*

Date **05/21/2014**

Printed name of Authorized Officer **James W. Garner**

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

Telephone number of Authorized Officer: **(601) 354-9070** ext.

Study Area Code of Reporting Carrier

**250286**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier **Farmers Telecommunications Cooperative, Inc.**

Signature of Authorized Officer *Tyler Pair* Date **05/19/2014**

Printed name of Authorized Officer **Tyler Pair**

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

Telephone number of Authorized Officer: **(256) 638-2144**, ext.


|                                      |               |   |                  |
|--------------------------------------|---------------|---|------------------|
| Study Area Code of Reporting Carrier | <b>250290</b> | Filing Due Date for this form<br>(mm/dd/yyyy) | <b>6/16/2014</b> |
|--------------------------------------|---------------|---|------------------|

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

|  |  |               |   |                  |
|--|--|---------------|---|------------------|
| Name of Reporting Carrier <b>Knology Total Communications, Inc.</b>  |  |               |   |                  |
| Signature of Authorized Officer   |  |               | Date <b>5/9/2014</b>                          |                  |
| Printed name of Authorized Officer <b>Bruce Schoonover</b>   |  |               |   |                  |
| Title or position of Authorized Officer <b>Vice-President Regulatory Compliance</b>  |  |               |   |                  |
| Telephone number of Authorized Officer: <b>(706) 645-8116</b> ext.   |  |               |   |                  |
| Study Area Code of Reporting Carrier   |  | <b>250295</b> | Filing Due Date for this form<br>(mm/dd/yyyy) | <b>6/16/2014</b> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |               |   |                  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">HAYNEVILLE TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Evelyn Causey</span></p>  |  |  |   | <p>Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@htcnet.net,O=hayneville tel co,l=Hayneville AL 36040, Date:5/20/2014</p> <p>Date: <span style="color: blue;">5/20/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Evelyn Causey</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">334-548-2101</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">250299</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: HOPPER TELECOMM. LLC  |        |  |  |  |  |
| Signature of Authorized Officer: Dennis Andrews  |        |  |  | <small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=hopper telecomm. llc, Date: 5/15/2014</small><br>Date: 5/15/2014 |  |
| Printed name of Authorized Officer: Dennis Andrews   |        |  |  |  |  |
| Title or position of Authorized Officer: Sr Vice President   |        |  |  |  |  |
| Telephone number of Authorized Officer: 256-586-1420   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 250300 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |  |  |  |
| Name of Reporting Carrier: <b>MILLRY TEL CO</b>  |               |  |  |  |  |
| Signature of Authorized Officer: <b>Bobby Williams</b>   |               |  |  | <small>Digitally signed by Bobby Williams DN:cn=Bobby Williams,email=bobbywilliams@millry.net,O=millry tel co,l=Millry AL 36558-0561, Date:5/19/2014</small><br>Date: <b>5/19/2014</b> |  |
| Printed name of Authorized Officer: <b>Bobby Williams</b>  |               |  |  |  |  |
| Title or position of Authorized Officer: <b>Vice President and Assistant Secretary</b>   |               |  |  |  |  |
| Telephone number of Authorized Officer: <b>251-846-2911</b>  |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>250304</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |  |  |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>   |  |  |   |   |  |
|---|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MON-CRE TEL COOP</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Teresa Rich</span></p>   |  |  |   | <p>Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel coop,l=Ramer AL 36069, Date:5/16/2014</p> |  |
| <p>Date: <span style="color: blue;">5/16/2014</span></p>  |  |  |   |   |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Teresa Rich</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">334-562-3242</span></p>   |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>   | <span style="color: blue;">250305</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> |  |  |   |   |  |

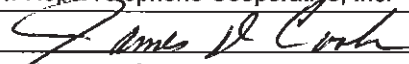
TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |               |         |   |  |         |
|--|---------------|---------|---|--|---------|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |               |         |   |  |         |
| <p>Name of Reporting Carrier:      MOUNDVILLE TEL CO</p>   |               |         |   |  |         |
| <p>Signature of Authorized Officer:      <b>R. Taylor</b></p>  |               |         |   | <p>Digitally signed by R. Taylor DN:cn=R.<br/>Taylor,email=scott@mound.net,O=moundville tel<br/>co,l=Moundville AL 35474, Date:5/13/2014</p> |         |
| <p>Date:      5/13/2014</p>  |               |         |   |  |         |
| <p>Printed name of Authorized Officer:      R. Taylor</p>  |               |         |   |  |         |
| <p>Title or position of Authorized Officer:      President</p>   |               |         |   |  |         |
| <p>Telephone number of Authorized Officer:      205-371-9011</p>   |               |         |   |  |         |
| <p>Study Area Code of Reporting Carrier</p>  | <p>250307</p> | <p></p> | <p>Filing Due Date for this form<br/>(mm/dd/yyyy)</p> | <p>6/16/2014</p>   | <p></p> |
| <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 THE REPORTING CARRIER,

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

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

|   |               |  |                  |
|---|---------------|--|------------------|
| Name of Reporting Carrier <b>New Hope Telephone Cooperative, Inc.</b>   |               |  |                  |
| Signature of Authorized Officer  |               | Date <b>05/19/2014</b>                     |                  |
| Printed name of Authorized Officer <b>James D Cook</b>  |               |  |                  |
| Title or position of Authorized Officer <b>General Manager</b>  |               |  |                  |
| Telephone number of Authorized Officer: <b>(256) 723-4211</b> , ext. <b>31</b>                                    |               |  |                  |
| Study Area Code of Reporting Carrier  | <b>250308</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b> |

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: PINE BELT TEL CO  |        |  |  |   |  |
| Signature of Authorized Officer: John Nettles  |        |  |  | <small>Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel co,l=Arlington AL 36722, Date:5/19/2014</small><br>Date: 5/19/2014 |  |
| Printed name of Authorized Officer: John Nettles   |        |  |  |   |  |
| Title or position of Authorized Officer: President   |        |  |  |   |  |
| Telephone number of Authorized Officer: 334-385-2106   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 250315 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">RAGLAND TEL CO</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Peggy Dickinson</span></p>  |  |  |   | <p><small>Digitally signed by Peggy Dickinson DN:cn=Peggy Dickinson,email=peggydickinson@ragland.net,O=ragland tel co,l=Ragland AL 35131, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Peggy Dickinson</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">205-472-2141</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">250316</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Roanoke Telephone Company, Inc.**

Signature of Authorized Officer

*James W. Garner*

Date **05/14/2014**

Printed name of Authorized Officer

**James W. Garner**

Title or position of Authorized Officer

**Vice President of Operations**

Telephone number of Authorized Officer: **(601) 354-9070** ext.

Study Area Code of Reporting Carrier

**250317**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |  |   |   |  |
|--|----------------------|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |   |   |  |
| <p>Name of Reporting Carrier:      <b>UNION SPRINGS TEL CO</b></p>   |                      |  |   |   |  |
| <p>Signature of Authorized Officer:      <b>Larry Grogan</b></p>   |                      |  |   | <p><small>Digitally signed by Larry Grogan DN:cn=Larry Grogan,email=lcgrogan@ustconline.net,O=union springs tel co,l=Union Springs AL 36089, Date:5/12/2014</small></p> |  |
| <p>Date:      <b>5/12/2014</b></p>   |                      |  |   |   |  |
| <p>Printed name of Authorized Officer:      <b>Larry Grogan</b></p>  |                      |  |   |   |  |
| <p>Title or position of Authorized Officer:      <b>President</b></p>  |                      |  |   |   |  |
| <p>Telephone number of Authorized Officer:      <b>334-738-4400</b></p>  |                      |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>250322</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>   |  |
| <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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: UNION SPRINGS TEL CO  |        |  |  |   |  |
| Signature of Authorized Officer: Larry Grogan  |        |  |  | Digitally signed by Larry Grogan DN:cn=Larry Grogan,email=lcgrogan@ustconline.net,O=union springs tel co,l=Union Springs AL 36089, Date:11/7/2014 |  |
| Date: 11/7/2014  |        |  |  |   |  |
| Printed name of Authorized Officer: Larry Grogan   |        |  |  |   |  |
| Title or position of Authorized Officer: President   |        |  |  |   |  |
| Telephone number of Authorized Officer: 334-738-4400   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 250322 |  | Filing Due Date for this form (mm/dd/yyyy) | 11/14/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">BALLARD RURAL COOP</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Randy Grogan</span></p>   |  |  |   | <p>Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural coop,I=La Center KY 42056, Date:5/20/2014</p> |  |
| <p>Date: <span style="color: blue;">5/20/2014</span></p>   |  |  |   |   |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Randy Grogan</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">270-665-5186</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">260396</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |  |                  |
|--|---------------|--|------------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |                  |
| Name of Reporting Carrier <b>Brandenburg Telephone Company, Inc.</b>   |               |  |                  |
| Signature of Authorized Officer   |               |  | Date             |
| Printed name of Authorized Officer <b>Allison Willoughby</b>   |               |  |                  |
| Title or position of Authorized Officer <b>General Manager</b>   |               |  |                  |
| Telephone number of Authorized Officer: <b>(270) 422-2121</b> , ext.   |               |  |                  |
| Study Area Code of Reporting Carrier   | <b>260398</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |                  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">DUO COUNTY TEL COOP</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Daryl Hammond</span></p>  |  |  |   | <p><small>Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel coop,l=Jamestown KY 42629, Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Daryl Hammond</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">270-343-3131</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">260401</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |  |  |  |
| Name of Reporting Carrier: <b>FOOTHILLS RURAL COOP</b>   |               |  |  |  |  |
| Signature of Authorized Officer: <b>Ruth Conley</b>  |               |  |  | <small>Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural coop,l=Staffordsville KY 41256, Date:5/19/2014</small><br>Date: <b>5/19/2014</b> |  |
| Printed name of Authorized Officer: <b>Ruth Conley</b>   |               |  |  |  |  |
| Title or position of Authorized Officer: <b>Chief Executive Officer</b>  |               |  |  |  |  |
| Telephone number of Authorized Officer: <b>606-297-9131</b>  |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>260406</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">LOGAN TEL. COOP. INC</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gregory Hale</span></p>  |  |  |   | <p><small>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop. inc,l=Auburn KY 42206, Date:5/12/2014</small></p> <p>Date: <span style="color: blue;">5/12/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Gregory Hale</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/Executive V.P.</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">270-542-4121</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">260413</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 THE REPORTING CARRIER,

|  |        |  |                 |
|--|--------|--|-----------------|
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |        |  |                 |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |                 |
| Name of Reporting Carrier Mountain Rural Telephone Coop. Corp., Inc.   |        |  |                 |
| Signature of Authorized Officer   |        |  | Date 05/19/2014 |
| Printed name of Authorized Officer Jimmie Jones  |        |  |                 |
| Title or position of Authorized Officer President  |        |  |                 |
| Telephone number of Authorized Officer: (606) 743-3121 ext.  |        |  |                 |
| Study Area Code of Reporting Carrier   | 260414 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |                 |

TO BE COMPLETED BY THE REPORTING CARRIER.

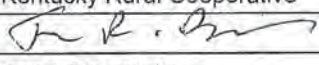
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">PEOPLES RURAL COOP</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Keith Gabbard</span></p>  |  |  |   | <p><small>Digitally signed by Keith Gabbard DN:cn=Keith Gabbard,email=keith.gabbard@prtc.org,O=peoples rural coop,l=McKee KY 40447, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Keith Gabbard</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">606-287-7101</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">260415</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: THACKER/GRIGSBY TEL   |        |  |  |  |  |
| Signature of Authorized Officer: William Grigsby   |        |  |  | <small>Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,l=Hindman KY 41822, Date:5/12/2014</small><br>Date: 5/12/2014 |  |
| Printed name of Authorized Officer: William Grigsby  |        |  |  |  |  |
| Title or position of Authorized Officer: Vice-President/General Manager  |        |  |  |  |  |
| Telephone number of Authorized Officer: 606-785-9500   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 260419 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |



TO BE COMPLETED BY THE REPORTING CARRIER,

|  |               |  |                        |
|--|---------------|--|------------------------|
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |               |  |                        |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |                        |
| Name of Reporting Carrier <b>West Kentucky Rural Cooperative</b>   |               |  |                        |
| Signature of Authorized Officer   |               |  | Date <b>05/19/2014</b> |
| Printed name of Authorized Officer <b>Trevor Bonnstetter</b>   |               |  |                        |
| Title or position of Authorized Officer <b>Chief Executive Officer</b>   |               |  |                        |
| Telephone number of Authorized Officer: <b>(270) 674-1000</b> , ext.   |               |  |                        |
| Study Area Code of Reporting Carrier   | <b>260421</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |                        |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CAMERON TEL CO - LA</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Bruce Petry</span></p>  |  |  |   | <p>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel co - la,l=Sulphur LA 70664-0167, Date:5/12/2014</p> <p>Date: <span style="color: blue;">5/12/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Petry</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President/General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">337-583-2092</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">270425</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CAMPTI-PLEASANT HILL</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tom Edens</span></p>   |  |  |   | <p><small>Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campti-pleasant hill,j=Natchitoches LA 71457, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Tom Edens</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">318-352-0014</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">270426</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> |  |  |   |  |  |

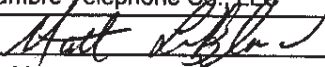
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Delcambre Telephone Co., LLC**

Signature of Authorized Officer

Date **5/8/2014**Printed name of Authorized Officer **Matt LeBlanc**Title or position of Authorized Officer **President**Telephone number of Authorized Officer: **(337) 685-2311**, ext.

Study Area Code of Reporting Carrier

**270428**Filing Due Date for this form  
(mm/dd/yyyy)**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: ELIZABETH TEL CO  |        |  |  |   |  |
| Signature of Authorized Officer: Bruce Petry   |        |  |  | Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel co,l=Sulphur LA 70664-0167, Date:5/12/2014 |  |
| Date: 5/12/2014  |        |  |  |   |  |
| Printed name of Authorized Officer: Bruce Petry  |        |  |  |   |  |
| Title or position of Authorized Officer: President/General Manager   |        |  |  |   |  |
| Telephone number of Authorized Officer: 337-583-2092   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 270430 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |   |           |                 |
|--|--------|---|-----------|-----------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |   |           |                 |
| Name of Reporting Carrier  |        | Kaplan Telephone Company  |           |                 |
| Signature of Authorized Officer  |        |  |           | Date 05/13/2014 |
| Printed name of Authorized Officer   |        | Richard Constantin  |           |                 |
| Title or position of Authorized Officer  |        | Controller  |           |                 |
| Telephone number of Authorized Officer: (337) 643-7171 ext.  |        |   |           |                 |
| Study Area Code of Reporting Carrier   | 270432 | Filing Due Date for this form (mm/dd/yyyy)  | 6/16/2014 |                 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |   |           |                 |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |  |   |  |  |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |   |  |  |
| <p>Name of Reporting Carrier:      <b>LAFOURCHE TEL CO</b></p>   |                      |  |   |  |  |
| <p>Signature of Authorized Officer:      <b>Peter Louviere</b></p>   |                      |  |   | <p>Digitally signed by Peter Louviere DN:cn=Peter Louviere,email=peter.louviere@corp.viscom.net,O=lafourche tel co,l=Larose LA 70373, Date:5/18/2014</p> |  |
| <p>Date:      <b>5/18/2014</b></p>   |                      |  |   |  |  |
| <p>Printed name of Authorized Officer:      <b>Peter Louviere</b></p>  |                      |  |   |  |  |
| <p>Title or position of Authorized Officer:      <b>Chief Financial Officer</b></p>  |                      |  |   |  |  |
| <p>Telephone number of Authorized Officer:      <b>985-693-0265</b></p>  |                      |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>270433</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>  |  |
| <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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">NORTHEAST LOUISIANA</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Mike George</span></p>  |  |  |   | <p><small>Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,l=Collinston LA 71229, Date:5/9/2014</small></p> <p>Date: <span style="color: blue;">5/9/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Mike George</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President / General Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">318-874-7011</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">270435</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: RESERVE TEL CO  |        |  |  |   |  |
| Signature of Authorized Officer: Scott Small   |        |  |  | <small>Digitally signed by Scott Small DN:cn=Scott Small,email=ssmall@rtconline.com,O=reserve tel co,l=Reserve LA 70084-0519, Date:5/20/2014</small><br>Date: 5/20/2014 |  |
| Printed name of Authorized Officer: Scott Small  |        |  |  |   |  |
| Title or position of Authorized Officer: Vice President/CFO  |        |  |  |   |  |
| Telephone number of Authorized Officer: 985-536-1326   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 270438 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">STAR TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Rebecca Knighten</span></p>   |  |  |   | <p><small>Digitally signed by Rebecca Knighten DN: cn=Rebecca Knighten, email=rebeccaknighten@star.brcoxmail.com, O=star tel co,   = , Date: 5/20/2014</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Rebecca Knighten</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">225-926-0191</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">270441</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Bay Springs Telephone Company, Inc.

Signature of Authorized Officer



Date 05/14/2014

Printed name of Authorized Officer James W. Garner

Title or position of Authorized Officer Vice President of Operations

Telephone number of Authorized Officer: (601) 354-9070 ext.

Study Area Code of Reporting Carrier

280446

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">BRUCE TEL CO - MS</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Charles Fail</span></p>  |  |  |   | <p><small>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charlief@nexband.com,O=bruce tel co - ms,l=Bay Springs MS 39422, Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Charles Fail</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">601-764-3463</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">280447</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |         |   |  |         |
|--|----------------------|---------|---|--|---------|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |         |   |  |         |
| <p>Name of Reporting Carrier:      <b>DECATUR TEL CO -MS</b></p>   |                      |         |   |  |         |
| <p>Signature of Authorized Officer:      <b>Esther Smith</b></p>   |                      |         |   | <p>Digitally signed by Esther Smith DN:cn=Esther Smith,email=esther@decaturtelephone.com,O=decatur tel co -ms,l=Decatur MS 39327, Date:5/13/2014</p> |         |
| <p>Date:      <b>5/13/2014</b></p>   |                      |         |   |  |         |
| <p>Printed name of Authorized Officer:      <b>Esther Smith</b></p>  |                      |         |   |  |         |
| <p>Title or position of Authorized Officer:      <b>President</b></p>  |                      |         |   |  |         |
| <p>Telephone number of Authorized Officer:      <b>601-635-2251</b></p>  |                      |         |   |  |         |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>280451</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>  | <p></p> |
| <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 THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |   |                       |
|--|---------------|---|-----------------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |   |                       |
| Name of Reporting Carrier <b>Delta Telephone Co., Inc.</b>   |               |   |                       |
| Signature of Authorized Officer    |               |   | Date <b>5/15/2014</b> |
| Printed name of Authorized Officer <b>Brooks Derryberry</b>  |               |   |                       |
| Title or position of Authorized Officer <b>Vice President/General Manager</b>  |               |   |                       |
| Telephone number of Authorized Officer: <b>(601) 355-1522</b> ext.   |               |   |                       |
| Study Area Code of Reporting Carrier   | <b>280452</b> | Filing Due Date for this form<br>(mm/dd/yyyy) | <b>6/16/2014</b>      |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |   |                       |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |   |                       |
|--|---------------|---|-----------------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |   |                       |
| Name of Reporting Carrier <b>Franklin Telephone Co., Inc.</b>  |               |   |                       |
| Signature of Authorized Officer <i>James H. Creekmore Sr.</i>  |               |   | Date <b>5/15/2014</b> |
| Printed name of Authorized Officer <b>James H. Creekmore</b>   |               |   |                       |
| Title or position of Authorized Officer <b>Vice President</b>  |               |   |                       |
| Telephone number of Authorized Officer: <b>(601) 355-1522</b> ext.   |               |   |                       |
| Study Area Code of Reporting Carrier   | <b>280454</b> | Filing Due Date for this form<br>(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. |               |   |                       |

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: FULTON TEL CO   |        |  |  |   |  |
| Signature of Authorized Officer: Charles Fail  |        |  |  | <small>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charlief@nexband.com,O=fulton tel co,l=Bay Springs MS 39422, Date:5/15/2014</small><br>Date: 5/15/2014 |  |
| Printed name of Authorized Officer: Charles Fail   |        |  |  |   |  |
| Title or position of Authorized Officer: President   |        |  |  |   |  |
| Telephone number of Authorized Officer: 601-764-3463   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 280455 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">GEORGETOWN TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Joie Miller</span></p>  |  |  |   | <p>Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlco.com,O=georgetown tel co,l=Georgetown MS 39078, Date:5/15/2014</p> <p>Date: <span style="color: blue;">5/15/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Joie Miller</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">601-858-2211</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">280456</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">LAKESIDE TEL. CO.</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Robert Sledge Jr.</span></p>  |  |  |   | <p><small>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,l=Sunflower MS 38778, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Robert Sledge Jr.</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">662-569-3311</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">280457</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported  |               |  |  |  |  |
|---|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |               |  |  |  |  |
| <p>Name of Reporting Carrier: <b>NOXAPATER TEL CO</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer: <b>John Pearce</b></p>  |               |  |  | <p>Digitally signed by John Pearce DN:cn=John Pearce,email=jpearce@bayspringstel.net,O=noxapater tel co,l=Bay Springs MS 39422, Date:5/14/2014</p> |  |
| <p>Date: <b>5/14/2014</b></p>   |               |  |  |  |  |
| <p>Printed name of Authorized Officer: <b>John Pearce</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer: <b>President/CEO</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer: <b>601-764-3171</b></p>  |               |  |  |  |  |
| Study Area Code of Reporting Carrier  | <b>280461</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> |               |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: MOUND BAYOU TEL & CO  |        |  |  |  |  |
| Signature of Authorized Officer: Charles Fail  |        |  |  | <small>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charlief@nexband.com,O=mound bayou tel &amp; co,l=Bay Springs MS 39422, Date:5/15/2014</small><br>Date: 5/15/2014 |  |
| Printed name of Authorized Officer: Charles Fail   |        |  |  |  |  |
| Title or position of Authorized Officer: President   |        |  |  |  |  |
| Telephone number of Authorized Officer: 601-764-3463   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 280462 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: SLEDGE TEL CO   |        |  |  |   |  |
| Signature of Authorized Officer: Robert Sledge Jr.   |        |  |  | Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel co,l=Sunflower MS 38778, Date:5/13/2014<br>Date: 5/13/2014 |  |
| Printed name of Authorized Officer: Robert Sledge Jr.  |        |  |  |   |  |
| Title or position of Authorized Officer: President   |        |  |  |   |  |
| Telephone number of Authorized Officer: 662-569-3311   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 280466 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SMITHVILLE TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Roger Thompson</span></p>   |  |  |   | <p><small>Digitally signed by Roger Thompson DN:cn=Roger Thompson,email=robert@traceroad.net,O=smithville tel co,l=Smithville MS 38870, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Roger Thompson</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">662-651-4131</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">280467</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ARDMORE TEL CO</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Trevor Bonnstetter</span></p>   |  |  |   | <p><small>Digitally signed by Trevor Bonnstetter DN:cn=Trevor Bonnstetter,email=tbonn@wk.net,O=ardmore tel co,l=Mayfield KY 42066-0649, Date:5/12/2014</small></p> <p>Date: <span style="color: blue;">5/12/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Trevor Bonnstetter</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President/CEO</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">270-674-1000</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">290280</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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier Ben Lomand Rural Telephone Cooperative, Inc.

Signature of Authorized Officer



Date 5/7/2014

Printed name of Authorized Officer Ray Cantrell

Title or position of Authorized Officer Chief Executive Officer

Telephone number of Authorized Officer: (931) 668-4131 ext.

Study Area Code of Reporting Carrier

290553

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

6/16/2014

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



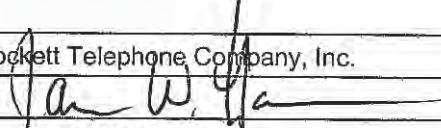
TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |           |              |
|--|--------|--|-----------|--------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |           |              |
| Name of Reporting Carrier Bledsoe Telephone Cooperative, Inc.  |        |  |           |              |
| Signature of Authorized Officer <i>John Lee Downey</i>   |        |  |           | Date 5-19-14 |
| Printed name of Authorized Officer John Lee Downey   |        |  |           |              |
| Title or position of Authorized Officer President  |        |  |           |              |
| Telephone number of Authorized Officer: (423) 447-2121 ext.  |        |  |           |              |
| Study Area Code of Reporting Carrier   | 290554 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |              |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |           |              |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

|   |  |        |   |  |  |
|---|--|--------|---|--|--|
| Name of Reporting Carrier               |  |        |   | Crockett Telephone Company, Inc.           |  |
| Signature of Authorized Officer         |  |        |  |  |  |
| Date                                    |  |        | 05/14/2014  |  |  |
| Printed name of Authorized Officer      |  |        | James W. Garner   |  |  |
| Title or position of Authorized Officer |  |        | Vice President of Operations  |  |  |
| Telephone number of Authorized Officer: |  |        | (601) 354-9070 ext.   |  |  |
| Study Area Code of Reporting Carrier    |  | 290561 |   | Filing Due Date for this form (mm/dd/yyyy) |  |
|   |  |        |   | 6/16/2014                                  |  |

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>   |  |  |   |  |  |
|---|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">DEKALB TEL COOP</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Denise Brown</span></p>  |  |  |   | <p>Digitally signed by Denise Brown DN:cn=Denise Brown,email=djb54@dtccom.net,O=dekalb tel coop,l=Alexandria TN 37012, Date:5/8/2014</p> <p>Date: <span style="color: blue;">5/8/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Denise Brown</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">615-464-2218</span></p>   |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>   | <span style="color: blue;">290562</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 THE REPORTING CARRIER,

|  |               |   |                       |
|--|---------------|---|-----------------------|
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |               |   |                       |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |   |                       |
| Name of Reporting Carrier <b>Highland Telephone Cooperative, Inc.</b>  |               |   |                       |
| Signature of Authorized Officer   |               |   | Date <b>5/20/2014</b> |
| Printed name of Authorized Officer <b>G Mark Patterson</b>   |               |   |                       |
| Title or position of Authorized Officer <b>Chief Operating Officer / General Manager</b>   |               |   |                       |
| Telephone number of Authorized Officer: <b>(423) 628-2121</b> , ext.   |               |   |                       |
| Study Area Code of Reporting Carrier   | <b>290565</b> | Filing Due Date for this form<br>(mm/dd/yyyy) | <b>6/16/2014</b>      |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |   |                       |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |  |   |   |  |
|--|----------------------|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |   |   |  |
| <p>Name of Reporting Carrier:      <b>LORETTO TEL CO</b></p>   |                      |  |   |   |  |
| <p>Signature of Authorized Officer:      <b>Desda Hutchins</b></p>   |                      |  |   | <p><small>Digitally signed by Desda Hutchins DN:cn=Desda Hutchins,email=desda@lorettotel.net,O=loretto tel co,l=Loretto TN 38469, Date:5/15/2014</small></p> <p>Date:      <b>5/15/2014</b></p> |  |
| <p>Printed name of Authorized Officer:      <b>Desda Hutchins</b></p>  |                      |  |   |   |  |
| <p>Title or position of Authorized Officer:      <b>Chief Financial Officer</b></p>  |                      |  |   |   |  |
| <p>Telephone number of Authorized Officer:      <b>931-853-4351</b></p>  |                      |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>290570</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>   |  |
| <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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: NORTH CENTRAL COOP  |        |  |  |  |  |
| Signature of Authorized Officer: Johnny McClanahan   |        |  |  | <small>Digitally signed by Johnny McClanahan DN:cn=Johnny McClanahan,email=johnny.mcclanahan@nctc.com,O=north central coop,l=Lafayette TN 37083, Date:5/9/2014</small><br>Date: 5/9/2014 |  |
| Printed name of Authorized Officer: Johnny McClanahan  |        |  |  |  |  |
| Title or position of Authorized Officer: VP Finance and Adm. Services  |        |  |  |  |  |
| Telephone number of Authorized Officer: 615-666-2151   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 290573 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Peoples Telephone Company**

Signature of Authorized Officer

*James W. Garner*

Date **05/14/2014**

Printed name of Authorized Officer **James W. Garner**

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

Telephone number of Authorized Officer: **(601) 354-9070** ext.

Study Area Code of Reporting Carrier

**290576**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: TWIN LAKES TEL COOP   |        |  |  |  |  |
| Signature of Authorized Officer: Jonathan West   |        |  |  | <small>Digitally signed by Jonathan West DN:cn=Jonathan West,email=jwest@twlakes.coop,O=twin lakes tel coop,l=Gainesboro TN 38562, Date:5/19/2014</small><br>Date: 5/19/2014 |  |
| Printed name of Authorized Officer: Jonathan West  |        |  |  |  |  |
| Title or position of Authorized Officer: General Manager   |        |  |  |  |  |
| Telephone number of Authorized Officer: 931-268-2151   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 290579 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |



TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">UTC-TN-UNITED COMM</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tommy Welch</span></p>   |  |  |   | <p><small>Digitally signed by Tommy Welch DN:cn=Tommy Welch,email=twelch@utcoffice.net,O=utc-tn-united comm,l=Chapel Hill TN 37034, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Tommy Welch</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Finance and Administration Manager</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">931-364-4324</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">290581</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier West Tennessee Telephone Company, Inc.

Signature of Authorized Officer

*James W. Garner*

Date 05/14/2014

Printed name of Authorized Officer James W. Garner

Title or position of Authorized Officer Vice President of Operations

Telephone number of Authorized Officer: (601) 354-9070 ext.

Study Area Code of Reporting Carrier

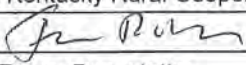
290583

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |           |                 |
|--|--------|--|-----------|-----------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |           |                 |
| Name of Reporting Carrier West Kentucky Rural Cooperative - Yorkville  |        |  |           |                 |
| Signature of Authorized Officer   |        |  |           | Date 05/19/2014 |
| Printed name of Authorized Officer Trevor Bonnstetter  |        |  |           |                 |
| Title or position of Authorized Officer Chief Executive Officer  |        |  |           |                 |
| Telephone number of Authorized Officer: (270) 674-1000 ext.  |        |  |           |                 |
| Study Area Code of Reporting Carrier   | 290598 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |                 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |           |                 |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |         |   |   |         |
|--|----------------------|---------|---|---|---------|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |         |   |   |         |
| <p>Name of Reporting Carrier:      <b>THE ARTHUR MUTUAL</b></p>  |                      |         |   |   |         |
| <p>Signature of Authorized Officer:      <b>Eric Roughton</b></p>  |                      |         |   | <p>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual, Date:5/19/2014</p> |         |
| <p>Date:      <b>5/19/2014</b></p>   |                      |         |   |   |         |
| <p>Printed name of Authorized Officer:      <b>Eric Roughton</b></p>   |                      |         |   |   |         |
| <p>Title or position of Authorized Officer:      <b>General Manager/Sec'y/Treasurer</b></p>  |                      |         |   |   |         |
| <p>Telephone number of Authorized Officer:      <b>419-393-2233</b></p>  |                      |         |   |   |         |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>300586</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>   | <p></p> |
| <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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |         |   |   |         |
|--|----------------------|---------|---|---|---------|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |         |   |   |         |
| <p>Name of Reporting Carrier:      <u>AYERSVILLE TEL CO</u></p>  |                      |         |   |   |         |
| <p>Signature of Authorized Officer:      <u>Phil Maag</u></p>  |                      |         |   | <p>Digitally signed by Phil Maag DN:cnvPhil<br/>Maag=emailypmaag, ayers@letelco.com=Ovayers@le tel<br/>co+iv =Date:5/7/2014</p> |         |
| <p>Date:      <u>5/7/2014</u></p>  |                      |         |   |   |         |
| <p>Printed name of Authorized Officer:      <u>Phil Maag</u></p>   |                      |         |   |   |         |
| <p>Title or position of Authorized Officer:      <u>General Manager</u></p>  |                      |         |   |   |         |
| <p>Telephone number of Authorized Officer:      <u>419-395-2222</u></p>  |                      |         |   |   |         |
| <p>Study Area Code of Reporting Carrier</p>  | <p><u>300588</u></p> | <p></p> | <p>Filing Due Date for this form<br/>(mm/dd/yyyy)</p> | <p><u>6/16/2014</u></p>   | <p></p> |
| <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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">BASCOM MUTUAL TEL CO</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Kathy Reinhart</span></p>   |  |  |   | <p><small>Digitally signed by Kathy Reinhart DN:cn=Kathy Reinhart,email=kmr@bascomtelephone.com,O=bascom mutual tel co,l=Bascom OH 44809, Date:5/20/2014</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Kathy Reinhart</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Assistant General Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">419-937-2222</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">300589</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: BENTON RIDGE TEL CO   |        |  |  |  |  |
| Signature of Authorized Officer: Ken Williams  |        |  |  | <small>Digitally signed by Ken Williams DN:cn=Ken Williams,email=ken@watchtv.net,O=benton ridge tel co,l=Benton Ridge OH 45816-0180, Date:5/8/2014</small><br>Date: 5/8/2014 |  |
| Printed name of Authorized Officer: Ken Williams   |        |  |  |  |  |
| Title or position of Authorized Officer: President/CEO   |        |  |  |  |  |
| Telephone number of Authorized Officer: 419-859-2144   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 300590 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |               |  |                     |
|--|---------------|--|---------------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |                     |
| Name of Reporting Carrier <u>BUCKLAND TELEPHONE COMPANY</u>  |               |  |                     |
| Signature of Authorized Officer <u>Douglas G. Place</u>  |               |  | Date <u>5/20/14</u> |
| Printed name of Authorized Officer <u>DOUGLAS G. PLACE</u>   |               |  |                     |
| Title or position of Authorized Officer <u>GENERAL MANAGER</u>   |               |  |                     |
| Telephone number of Authorized Officer: <u>419.657.2226 ext.</u>   |               |  |                     |
| Study Area Code of Reporting Carrier   | <u>300591</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>6/16/2014</u>    |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |                     |



TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: THE CHAMPAIGN TEL CO  |        |  |  |  |  |
| Signature of Authorized Officer: Tiffany Ebersold  |        |  |  | <small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co,lc= , Date:5/13/2014</small><br>Date: 5/13/2014 |  |
| Printed name of Authorized Officer: Tiffany Ebersold   |        |  |  |  |  |
| Title or position of Authorized Officer: Chief Financial Officer   |        |  |  |  |  |
| Telephone number of Authorized Officer: 937-653-2263   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 300594 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MCCLURE TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Lance Miller</span></p>   |  |  |   | <p><small>Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel co,l=McClure OH 43534-0026, Date:5/7/2014</small></p> <p>Date: <span style="color: blue;">5/7/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Lance Miller</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">419-748-8032</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">300598</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: CONNEAUT TEL CO   |        |  |  |   |  |
| Signature of Authorized Officer: Deanna Brown  |        |  |  | <small>Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@suite224.net,O=conneaut tel co,l=Conneaut OH 44030, Date:5/8/2014</small><br>Date: 5/8/2014 |  |
| Printed name of Authorized Officer: Deanna Brown   |        |  |  |   |  |
| Title or position of Authorized Officer: CFO   |        |  |  |   |  |
| Telephone number of Authorized Officer: 440-593-7138   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 300606 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: DOYLESTOWN TEL CO   |        |  |  |  |  |
| Signature of Authorized Officer: Thomas Brockman   |        |  |  | Digitally signed by Thomas Brockman DN:cn=Thomas Brockman,email=doysel@bright.net,O=doylestown tel co,lc=, Date:5/8/2014 |  |
| Date: 5/8/2014   |        |  |  |  |  |
| Printed name of Authorized Officer: Thomas Brockman  |        |  |  |  |  |
| Title or position of Authorized Officer: President   |        |  |  |  |  |
| Telephone number of Authorized Officer: 330-658-2121   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 300609 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">FARMERS MUTUAL TEL</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Cheryl Bostelman</span></p>  |  |  |   | <p><small>Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbos@fmtc.cc,O=farmers mutual tel,l=Okolona OH 43550, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Cheryl Bostelman</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/General Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">419-758-3322</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">300612</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>   |  |  |   |   |  |
|---|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">FORT JENNINGS TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Michael Metzger</span></p>   |  |  |   | <p>Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort jennings tel co,l=Ft. Jennings OH 45844-0146, Date:5/20/2014</p> |  |
| <p>Date: <span style="color: blue;">5/20/2014</span></p>  |  |  |   |   |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Michael Metzger</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">419-286-2181</span></p>   |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>   | <span style="color: blue;">300614</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">GLANDORF TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Linda Heckman</span></p>  |  |  |   | <p><small>Digitally signed by Linda Heckman DN:cn=Linda Heckman,email=glantel@bright.net,O=glandorf tel co,l=Glandorf OH 45848-0031, Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Linda Heckman</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Manager/Asst.Treasurer</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">419-538-6987</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">300619</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">KALIDA TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Chris Phillips</span></p>  |  |  |   | <p><small>Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel co,l=Kalida OH 45853, Date:5/9/2014</small></p> <p>Date: <span style="color: blue;">5/9/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Chris Phillips</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">419-532-3218</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">300625</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: MIDDLE POINT HOME   |        |  |  |  |  |
| Signature of Authorized Officer: Bruce Hanson  |        |  |  | <small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home,lc=, Date:5/19/2014</small><br>Date: 5/19/2014 |  |
| Printed name of Authorized Officer: Bruce Hanson   |        |  |  |  |  |
| Title or position of Authorized Officer: Treasurer   |        |  |  |  |  |
| Telephone number of Authorized Officer: 320-847-2211   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 300633 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |  |   |  |  |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |   |  |  |
| <p>Name of Reporting Carrier:      <b>MINFORD TEL CO</b></p>   |                      |  |   |  |  |
| <p>Signature of Authorized Officer:      <b>Paula McGraw</b></p>   |                      |  |   | <p><small>Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel co,l=Minford OH 45653, Date:5/13/2014</small></p> <p>Date:      <b>5/13/2014</b></p> |  |
| <p>Printed name of Authorized Officer:      <b>Paula McGraw</b></p>  |                      |  |   |  |  |
| <p>Title or position of Authorized Officer:      <b>General Manager</b></p>  |                      |  |   |  |  |
| <p>Telephone number of Authorized Officer:      <b>740-820-2151</b></p>  |                      |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>300634</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>  |  |
| <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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **NEW KNOXVILLE TELEPHONE COMPANY**

Signature of Authorized Officer 

Date **05/21/2014**

Printed name of Authorized Officer **PRESTON MEYER**

Title or position of Authorized Officer **GENERAL MANAGER**

Telephone number of Authorized Officer: **(419) 753-2457**, ext.

Study Area Code of Reporting Carrier

**300639**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: THE NOVA TEL CO   |        |  |  |  |  |
| Signature of Authorized Officer: Charles Mattingly   |        |  |  | <small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=charlie@vncenterprises.com,O=the nova tel co,l=Judson TX 75660, Date:5/19/2014</small><br>Date: 5/19/2014 |  |
| Printed name of Authorized Officer: Charles Mattingly  |        |  |  |  |  |
| Title or position of Authorized Officer: President   |        |  |  |  |  |
| Telephone number of Authorized Officer: 903-452-3258   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 300644 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER.

|  |               |  |                        |
|--|---------------|--|------------------------|
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |               |  |                        |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |                        |
| Name of Reporting Carrier <b>The Ottoville Mutual Telephone Company</b>  |               |  |                        |
| Signature of Authorized Officer <i>William J Honigford</i>   |               |  | Date <b>05/12/2014</b> |
| Printed name of Authorized Officer <b>William J Honigford</b>  |               |  |                        |
| Title or position of Authorized Officer <b>General Manager</b>   |               |  |                        |
| Telephone number of Authorized Officer: <b>(419) 453-3324</b> , ext.   |               |  |                        |
| Study Area Code of Reporting Carrier   | <b>300650</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |                        |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |         |   |  |         |
|--|----------------------|---------|---|--|---------|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |         |   |  |         |
| <p>Name of Reporting Carrier:      <b>PATTERSONVILLE TEL</b></p>   |                      |         |   |  |         |
| <p>Signature of Authorized Officer:      <b>Aaron Jones</b></p>  |                      |         |   | <p><small>Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel,I=Carrollton OH 44615, Date:5/19/2014</small></p> |         |
| <p>Date:      <b>5/19/2014</b></p>   |                      |         |   |  |         |
| <p>Printed name of Authorized Officer:      <b>Aaron Jones</b></p>   |                      |         |   |  |         |
| <p>Title or position of Authorized Officer:      <b>CEO</b></p>  |                      |         |   |  |         |
| <p>Telephone number of Authorized Officer:      <b>330-895-4391</b></p>  |                      |         |   |  |         |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>300651</b></p> | <p></p> | <p>Filing Due Date for this form<br/>(mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>  | <p></p> |
| <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 THE REPORTING CARRIER,

|  |        |  |  |                |
|--|--------|--|--|----------------|
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |        |  |  |                |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |                |
| Name of Reporting Carrier Ridgeville Telephone Company   |        |  |  |                |
| Signature of Authorized Officer <i>Matthew Eggers</i>  |        |  |  | Date 5/14/2014 |
| Printed name of Authorized Officer Matthew Eggers  |        |  |  |                |
| Title or position of Authorized Officer President, Board of Directors  |        |  |  |                |
| Telephone number of Authorized Officer: (419) 267-5185 ext.  |        |  |  |                |
| Study Area Code of Reporting Carrier   | 300654 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014      |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |                |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SHERWOOD MUTUAL TEL</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Lynn Bergman</span></p>   |  |  |   | <p>Digitally signed by Lynn Bergman DN:cn=Lynn Bergman,email=lynnbergman@smta.cc,O=sherwood mutual tel,l=Sherwood OH 43556, Date:5/12/2014</p> |  |
| <p>Date: <span style="color: blue;">5/12/2014</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Lynn Bergman</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">419-899-2121</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">300656</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SYCAMORE TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Steven Ekleberry</span></p>   |  |  |   | <p><small>Digitally signed by Steven Ekleberry DN:cn=Steven Ekleberry,email=steve.ekleberry@sycltelco.com,O=sycamore tel co, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Steven Ekleberry</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/Treasurer</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">419-927-6012</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">300658</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: TELEPHONE SERVICE   |        |  |  |  |  |
| Signature of Authorized Officer: Bruce Hanson  |        |  |  | <small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,l= , Date:5/15/2014</small><br>Date: 5/15/2014 |  |
| Printed name of Authorized Officer: Bruce Hanson   |        |  |  |  |  |
| Title or position of Authorized Officer: Treasurer   |        |  |  |  |  |
| Telephone number of Authorized Officer: 320-847-2211   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 300659 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |


TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |                      |  |   |  |  |
|--|----------------------|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |                      |  |   |  |  |
| <p>Name of Reporting Carrier:      <b>VAUGHNSVILLE TEL CO</b></p>  |                      |  |   |  |  |
| <p>Signature of Authorized Officer:      <b>Martha Kaplan</b></p>  |                      |  |   | <p><small>Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel co,l=Vaughnsville OH 45893-0127, Date:5/20/2014</small></p> <p>Date:      <b>5/20/2014</b></p> |  |
| <p>Printed name of Authorized Officer:      <b>Martha Kaplan</b></p>   |                      |  |   |  |  |
| <p>Title or position of Authorized Officer:      <b>Manager/Secretary/Treasurer</b></p>  |                      |  |   |  |  |
| <p>Telephone number of Authorized Officer:      <b>419-646-3431</b></p>  |                      |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>300663</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2014</b></p>  |  |
| <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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |   |  |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |   |  |
| Name of Reporting Carrier: WABASH MUTUAL TEL CO  |        |  |  |   |  |
| Signature of Authorized Officer: Mike Boley  |        |  |  | <small>Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel co,l= , Date:5/20/2014</small><br>Date: 5/20/2014 |  |
| Printed name of Authorized Officer: Mike Boley   |        |  |  |   |  |
| Title or position of Authorized Officer: President/CEO   |        |  |  |   |  |
| Telephone number of Authorized Officer: 419-942-1111   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 300664 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014   |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |   |  |

TO BE COMPLETED BY THE REPORTING CARRIER,

|  |               |  |                        |
|--|---------------|--|------------------------|
| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |               |  |                        |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |               |  |                        |
| Name of Reporting Carrier <b>Bloomington Telephone Company Inc.</b>  |               |  |                        |
| Signature of Authorized Officer   |               |  | Date <b>05/19/2014</b> |
| Printed name of Authorized Officer <b>Mark Bahnson</b>   |               |  |                        |
| Title or position of Authorized Officer <b>CEO/General Manager</b>   |               |  |                        |
| Telephone number of Authorized Officer: <b>(269) 521-7316</b> ext.   |               |  |                        |
| Study Area Code of Reporting Carrier   | <b>310679</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2014</b>       |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |                        |

TO BE COMPLETED BY THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ALLBAND COMM COOP</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Ron Siegel</span></p>  |  |  |   | <p><small>Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop, Date: 5/18/2014</small></p> <p>Date: <span style="color: blue;">5/18/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Ron Siegel</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">989-369-9999</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">310542</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>  |  |  |   |  |  |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                            |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ACE-MI ALLENDALE</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Todd Roesler</span></p>   |  |  |   | <p><small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi allendale,l=Houston MN 55943-0360, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Todd Roesler</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">507-896-6292</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">310669</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 THE REPORTING CARRIER.

| <b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>   |  |  |   |  |  |
|---|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>                     |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">BARAGA TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer: <span style="color: blue;">Paul Stark</span></p>  |  |  |   | <p>Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga tel co,l=Baraga MI 49908, Date:5/19/2014</p> <p>Date: <span style="color: blue;">5/19/2014</span></p> |  |
| <p>Printed name of Authorized Officer: <span style="color: blue;">Paul Stark</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer: <span style="color: blue;">906-353-6644</span></p>   |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>   | <span style="color: blue;">310675</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 THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |        |  |  |  |  |
|--|--------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.                     |        |  |  |  |  |
| Name of Reporting Carrier: BARRY COUNTY TEL CO   |        |  |  |  |  |
| Signature of Authorized Officer: David Stoll   |        |  |  | <small>Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel co,l=Delton MI 49046, Date:5/7/2014</small><br>Date: 5/7/2014 |  |
| Printed name of Authorized Officer: David Stoll  |        |  |  |  |  |
| Title or position of Authorized Officer: VP/GM/COO   |        |  |  |  |  |
| Telephone number of Authorized Officer: 269-623-9971   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 310676 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |  |  |  |  |