

# VOLUME 1

## APPENDIX C Exhibit 2

### CARRIER CERTIFICATIONS Carrier Eligibility for CAF/ICC Recovery

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: OXFORD WEST TEL CO</p>					
<p>Signature of Authorized Officer or employee: Dawna Hannan</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: 5/15/2014</p>					
<p>Printed name of Authorized Officer or employee: Dawna Hannan</p>					
<p>Title or position of Authorized Officer or employee: Director Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer or employee: 207-333-3455</p>					
Study Area Code of Reporting Carrier	100002		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Name of Reporting Carrier: <b>LINCOLNVILLE NETWRKS</b>					
Signature of Authorized Officer or employee: <b>Shirley Manning</b>				<small>Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@lintelco.net,O=lincolnvillenetwrks,lc= , Date:5/15/2014</small> Date: <b>5/15/2014</b>	
Printed name of Authorized Officer or employee: <b>Shirley Manning</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>207-563-9941</b>					
Study Area Code of Reporting Carrier	<b>100003</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: OXFORD COUNTY TEL</p>					
<p>Signature of Authorized Officer or employee: Dawna Hannan</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: 5/15/2014</p>					
<p>Printed name of Authorized Officer or employee: Dawna Hannan</p>					
<p>Title or position of Authorized Officer or employee: Director Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer or employee: 207-333-3455</p>					
Study Area Code of Reporting Carrier	100019		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



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<p>Name of Reporting Carrier: <b>PINE TREE TEL LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Andrews</b></p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=pine tree tel llc, Date:5/14/2014</p>	
<p>Date: <b>5/14/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Andrews</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Sr Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>256-586-1420</b></p>					
Study Area Code of Reporting Carrier	<b>100020</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: <b>SACO RIVER TEL LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Andrews</b></p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=saco river tel llc,lc=, Date:5/14/2014</p>	
<p>Date: <b>5/14/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Andrews</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Sr Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>256-586-1420</b></p>					
Study Area Code of Reporting Carrier	<b>100022</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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

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<p>Name of Reporting Carrier: <b>UNITEL, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Laurie Osgood</b></p>				<p>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</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Laurie Osgood</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>207-948-9952</b></p>					
Study Area Code of Reporting Carrier	<b>100029</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: MID-MAINE TELECOM</p>					
<p>Signature of Authorized Officer or employee: Dennis Andrews</p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,l= , Date:5/14/2014</p>	
<p>Date: 5/14/2014</p>					
<p>Printed name of Authorized Officer or employee: Dennis Andrews</p>					
<p>Title or position of Authorized Officer or employee: Sr Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 256-586-1420</p>					
Study Area Code of Reporting Carrier	103315		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: MID-MAINE TELECOM</p>					
<p>Signature of Authorized Officer or employee: Dennis Andrews</p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,l= , Date:10/30/2014</p>	
<p>Date: 10/30/2014</p>					
<p>Printed name of Authorized Officer or employee: Dennis Andrews</p>					
<p>Title or position of Authorized Officer or employee: Sr Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 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>					

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Name of Reporting Carrier: MID-MAINE TELECOM					
Signature of Authorized Officer or employee: Dennis Andrews <small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,l= , Date:12/19/2014</small>				Date: 12/19/2014	
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 256-586-1420					
Study Area Code of Reporting Carrier	103315		Filing Due Date for this form (mm/dd/yyyy)	1/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: <b>GRANBY TEL LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Andrews</b></p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=granby tel llc,lc= , Date:5/14/2014</p>	
<p>Date: <b>5/14/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Andrews</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Sr Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>256-586-1420</b></p>					
Study Area Code of Reporting Carrier	<b>110036</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



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<p>Name of Reporting Carrier: <b>RICHMOND TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Richard Drake Jr.</b></p>				<p>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</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Richard Drake Jr.</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-328-0336</b></p>					
Study Area Code of Reporting Carrier	<b>110037</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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

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<p>Name of Reporting Carrier: <b>GRANITE STATE TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Susan King</b></p>				<p>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</p>	
<p>Date: <b>5/14/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Susan King</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>603-529-9941</b></p>					
Study Area Code of Reporting Carrier	<b>120039</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: <span style="color: blue;">DIXVILLE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ann Walsh</span></p>				<p><small>Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville 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 or employee: <span style="color: blue;">Ann Walsh</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Assistant Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <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>					

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<p>Name of Reporting Carrier: <span style="color: blue;">DUNBARTON TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Montgomery</span></p>				<p><small>Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:5/7/2014</small></p> <p>Date: <span style="color: blue;">5/7/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Montgomery</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">603-774-9911</span></p>					
Study Area Code of Reporting Carrier	120043		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>Name of Reporting Carrier: <b>FRANKLIN TEL CO - VT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kimberly Gates Maynard</b></p>				<p>Digitally signed by Kimberly Gates Maynard DN:cn=Kimberly Gates Maynard,email=ftc@franklinvt.net,O=franklin tel co - vt,l=Franklin VT 05457, Date:5/20/2014</p>	
<p>Date: <b>5/20/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kimberly Gates Maynard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>802-285-9911</b></p>					
Study Area Code of Reporting Carrier	<b>140053</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: <span style="color: blue;">SHOREHAM TEL.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Dennis Andrews</span></p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=shoreham tel.,l= , Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Andrews</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Sr Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">256-586-1420</span></p>					
Study Area Code of Reporting Carrier	140064		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>					

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

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

Name of Reporting Carrier Topsham Telephone Company, Inc.

Date 5/20/14

Signature of authorized officer

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)

8/16/2014

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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier:      <span style="color: blue;">WAITSFIELD/FAYSTON</span></p>					
<p>Signature of Authorized Officer or employee:      <span style="color: blue;">Roger Nishi</span></p>				<p>Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=mnishi@wcvr.com,O=Waitsfield VT 05673, Date:5/19/2014</p> <p>Date:      <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer or employee:      <span style="color: blue;">Roger Nishi</span></p>					
<p>Title or position of Authorized Officer or employee:      <span style="color: blue;">Vice President - Industry Relations</span></p>					
<p>Telephone number of Authorized Officer or employee:      <span style="color: blue;">802-496-8336</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">140069</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: VERMONT TEL. CO-VT</p>					
<p>Signature of Authorized Officer or employee: <b>Fran Stocker</b></p>				<p>Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt,l= , Date:5/20/2014</p>	
<p>Date: 5/20/2014</p>					
<p>Printed name of Authorized Officer or employee: Fran Stocker</p>					
<p>Title or position of Authorized Officer or employee: Vice President of Finance</p>					
<p>Telephone number of Authorized Officer or employee: 802-885-7745</p>					
Study Area Code of Reporting Carrier	147332		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL CO-NY</b></p>					
<p>Signature of Authorized Officer or employee: <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 or employee: <b>James Ranko</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: CASSADAGA TEL CORP					
Signature of Authorized Officer or employee: Bruce Clark				<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> Date: 5/13/2014	
Printed name of Authorized Officer or employee: Bruce Clark					
Title or position of Authorized Officer or employee: Vice President of Finance					
Telephone number of Authorized Officer or employee: 716-673-3083					
Study Area Code of Reporting Carrier	150076		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CHAMPLAIN TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Webster</b></p>				<p>Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel co,l=Champlain NY 12919, Date:5/16/2014</p>	
<p>Date: <b>5/16/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Webster</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-298-2480</b></p>					
Study Area Code of Reporting Carrier	<b>150077</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Name of Reporting Carrier **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**

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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: CROWN POINT TEL CORP</p>					
<p>Signature of Authorized Officer or employee: Shana Macey</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: 5/13/2014</p>					
<p>Printed name of Authorized Officer or employee: Shana Macey</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 518-597-3300</p>					
Study Area Code of Reporting Carrier	150085		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>DELHI TEL CO</b>					
Signature of Authorized Officer or employee: <b>Jason Miller</b> <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>				Date: <b>5/19/2014</b>	
Printed name of Authorized Officer or employee: <b>Jason Miller</b>					
Title or position of Authorized Officer or employee: <b>Vice President/Treasurer</b>					
Telephone number of Authorized Officer or employee: <b>607-746-1524</b>					
Study Area Code of Reporting Carrier	<b>150088</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUNKIRK &amp; FREDONIA</span></p>					
<p>Signature of Authorized Officer or employee: <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 or employee: <span style="color: blue;">Bruce Clark</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Finance</span></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EMPIRE TEL CORP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Tom Prestigiacomio</span></p>				<p><small>Digitally signed by Tom Prestigiacomio DN:cn=Tom Prestigiacomio,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 or employee: <span style="color: blue;">Tom Prestigiacomio</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FISHERS ISLAND TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>J. Finan</b></p>				<p>Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=fishers island tel, Date:5/14/2014</p>	
<p>Date: <b>5/14/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>J. Finan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GERMANTOWN TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Bohnsack</b></p>				<p>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</p>	
<p>Date: <b>5/12/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bruce Bohnsack</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President and CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-537-4835</b></p>					
Study Area Code of Reporting Carrier	<b>150097</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: HANCOCK TEL CO					
Signature of Authorized Officer or employee: Robert Wrighter, Jr				Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjir@hancocktelephone.com,O=hancock tel co,l=Hancock NY 13783, Date:5/16/2014 Date: 5/16/2014	
Printed name of Authorized Officer or employee: Robert Wrighter, Jr					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 607-637-9912					
Study Area Code of Reporting Carrier	150099		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MARGARETVILLE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Glen Faulkner</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/19/2014</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Glen Faulkner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Asst Secretary / Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MIDDLEBURGH TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Marjorie Becker</b></p>				<p>Digitally signed by Marjorie Becker DN:cn=Marjorie Becker, email=info@midtel.net, O=middleburgh tel co, j=Middleburgh NY 12122-0191, Date:5/14/2014</p>	
<p>Date: <b>5/14/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Marjorie Becker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-827-5211</b></p>					
Study Area Code of Reporting Carrier	<b>150105</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEWPORT TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <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 or employee: <span style="color: blue;">Joseph Tomaino</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Operations</span></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier:      <b>NICHOLVILLE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee:      <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 or employee:      <b>Jeffrey McGrath</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>Vice President/CIO</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>315-328-5333</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150108</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ONEIDA COUNTY RURAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Ellis</b></p>				<p>Digitally signed by Thomas Ellis DN:cn=Thomas Ellis,email=tellis@northlandcom.com,O=oneida county rural,l= , Date:5/13/2014</p>	
<p>Date: <b>5/13/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Thomas Ellis</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>315-624-2000</b></p>					
Study Area Code of Reporting Carrier	<b>150111</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ONTARIO TEL CO, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Sean Socha</b></p>				<p>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=ontario tel co, inc.,l= , Date:5/15/2014</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Sean Socha</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>585-433-6666</b></p>					
Study Area Code of Reporting Carrier	<b>150112</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PATTERSONVILLE TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tammy Krisher</b></p>				<p>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</p>	
<p>Date: <b>5/9/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tammy Krisher</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-887-2121</b></p>					
Study Area Code of Reporting Carrier	<b>150116</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: STATE TEL CO					
Signature of Authorized Officer or employee: Mark Evans <div> <small>Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel co,l= , Date:5/13/2014</small> </div>				Date: 5/13/2014	
Printed name of Authorized Officer or employee: Mark Evans					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 518-731-6128					
Study Area Code of Reporting Carrier	150125		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TRUMANSBURG TEL CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Sean Socha</b></p>				<p>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=trumansburg tel co.,l= , Date:5/15/2014</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Sean Socha</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>585-433-6666</b></p>					
Study Area Code of Reporting Carrier	<b>150131</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier	Ateva 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:	660 234 7300 ext.		
Study Area Code of Reporting Carrier	150135	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier	Alteva 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:	6224-7300, ext.		
Study Area Code of Reporting Carrier	160135	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. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITIZENS - KECKSBURG</span></p>					
<p>Signature of Authorized Officer or employee: <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 or employee: <span style="color: blue;">Dennis Cutrell</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HICKORY TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Grier Adamson</b></p>				<p>Digitally signed by Grier Adamson DN:cn=Grier Adamson,email=grier@hky.com,O=hickory tel co,l= , Date:5/14/2014</p>	
<p>Date: <b>5/14/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Grier Adamson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-356-2211</b></p>					
Study Area Code of Reporting Carrier	<b>170171</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>LACKAWAXEN TELECOM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Deborah Szmyd</b></p>				<p>Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=deborah.szmyd@ltis.net,O=lackawaxen telecom,l=Rowland PA 18457, Date:5/19/2014</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Deborah Szmyd</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>570-685-1096</b></p>					
Study Area Code of Reporting Carrier	<b>170177</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier <b>Laurel Highland Telephone Company</b>			
Signature of authorized officer 		Date	<b>05/16/14</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL CO-PA</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Ranko</b></p>				<p>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-pa,l= , Date:5/19/2014</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Ranko</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-283-0925</b></p>					
Study Area Code of Reporting Carrier	<b>170189</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTH-EASTERN PA TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Mendicino</b></p>				<p>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</p>	
<p>Date: <b>5/13/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Thomas Mendicino</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>570-785-2210</b></p>					
Study Area Code of Reporting Carrier	<b>170191</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: NORTH PENN TEL CO					
Signature of Authorized Officer or employee: Tom Prestigiacomio <div> <small>Digitally signed by Tom Prestigiacomio DN:cn=Tom Prestigiacomio,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/16/2014</small> </div>				Date: 5/16/2014	
Printed name of Authorized Officer or employee: Tom Prestigiacomio					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 607-522-4237					
Study Area Code of Reporting Carrier	170192		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL NORTH</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Ranko</b></p>				<p>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel north,lc= , Date:5/19/2014</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Ranko</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-283-0925</b></p>					
Study Area Code of Reporting Carrier	<b>170195</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PALMERTON TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Thomas Lager</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Thomas Lager</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Operations</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">610-826-9272</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170196</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

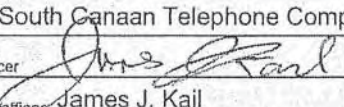
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: PENNSYLVANIA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mary Davis</p>				<p>Digitally signed by Mary Davis DN:cn=Mary Davis,email=patelco@ovalinternet.net,O=pennsylvania tel co, Date:5/19/2014</p>	
<p>Date: 5/19/2014</p>					
<p>Printed name of Authorized Officer or employee: Mary Davis</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 570-745-7101</p>					
Study Area Code of Reporting Carrier	170197		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: PYMATUNING IND TEL</p>					
<p>Signature of Authorized Officer or employee: Deborah Nobles</p>				<p>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=pymatuning ind tel,lc=, Date:5/19/2014</p>	
<p>Date: 5/19/2014</p>					
<p>Printed name of Authorized Officer or employee: Deborah Nobles</p>					
<p>Title or position of Authorized Officer or employee: VP Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer or employee: 904-688-0029</p>					
Study Area Code of Reporting Carrier	170200		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

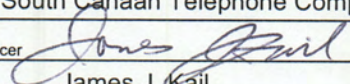
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>				
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>				
Name of Reporting Carrier <b>South Canaan Telephone Company</b>				
Signature of authorized officer 			Date <b>05/16/14</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>				
Study Area Code of Reporting Carrier <b>170205</b>		Filing Due Date for this form (mm/dd/yyyy) <b>6/16/2014</b>		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

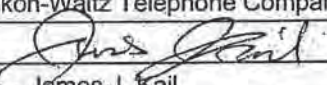
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				South Canaan Telephone Company	
Signature of authorized officer				Date	11/04/2014
Printed name of authorized officer		James J. Kail			
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: VENUS TEL CORP					
Signature of Authorized Officer or employee: Janice Kline <div> <small>Digitally signed by Janice Kline DN:cn=Janice Kline,email=jk@venustel.com,O=venus tel corp,I=Venus PA 16364, Date:5/7/2014</small> </div>				Date: 5/7/2014	
Printed name of Authorized Officer or employee: Janice Kline					
Title or position of Authorized Officer or employee: General Manager and Asst. Sec/Treas.					
Telephone number of Authorized Officer or employee: 814-354-6400					
Study Area Code of Reporting Carrier	170210		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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




TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WEST SIDE TEL CO-PA</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Ludenia</b></p>				<p>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jjudenia@westsidetel.com,O=west side tel co-pa,lc= , Date:5/16/2014</p>	
<p>Date: <b>5/16/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Ludenia</b></p>					
<p>Title or position of Authorized Officer or employee: <b>V.P. Operations, General manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>304-983-8642</b></p>					
Study Area Code of Reporting Carrier	<b>170277</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL OF MD</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Ranko</b></p>				<p>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel of md,lc= , Date:5/19/2014</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Ranko</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-283-0925</b></p>					
Study Area Code of Reporting Carrier	<b>180216</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier <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</b> ext.			
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. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BURKE'S GARDEN TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Missy Lynch</b></p>				<p>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel,lc=, Date:5/14/2014</p>	
<p>Date: <b>5/14/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Missy Lynch</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager/Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>276-472-2345</b></p>					
Study Area Code of Reporting Carrier	<b>190220</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: CITIZENS TEL COOP</p>					
<p>Signature of Authorized Officer or employee: <b>Greg Sapp</b></p>				<p>Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel coop,l=Floyd VA 24091-0137, Date:5/20/2014</p>	
<p>Date: 5/20/2014</p>					
<p>Printed name of Authorized Officer or employee: Greg Sapp</p>					
<p>Title or position of Authorized Officer or employee: CEO &amp; General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 540-745-2111</p>					
Study Area Code of Reporting Carrier	190225		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HIGHLAND TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <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 or employee: <span style="color: blue;">Ruth Newman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Co-General Manager/Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MGW TEL. CO. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <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 or employee: <span style="color: blue;">Sheri Smith</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">540-925-5235</span></p>					
Study Area Code of Reporting Carrier	190238		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NEW HOPE TEL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Laurie Hensley</b></p>				<p>Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,l=New Hope VA 24469, Date:5/15/2014</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Laurie Hensley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>540-363-6277</b></p>					
Study Area Code of Reporting Carrier	<b>190239</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW HOPE TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Laurie Hensley</span></p>				<p><small>Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,l=New Hope VA 24469, Date:12/17/2014</small></p> <p>Date: <span style="color: blue;">12/17/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Laurie Hensley</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">540-363-6277</span></p>					
Study Area Code of Reporting Carrier	190239		Filing Due Date for this form (mm/dd/yyyy)	1/16/2015	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Pembroke Telephone Cooperative	
Signature of authorized officer		<i>Leon A. Law</i>		Date	5-16-14
Printed name of authorized officer		Leon A. Law			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(540) 626-7111 ext			
Study Area Code of Reporting Carrier	190243	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SCOTT COUNTY COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Daniel Odom</b></p>				<p>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</p>	
<p>Date: <b>5/13/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Daniel Odom</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>276-452-7224</b></p>					
Study Area Code of Reporting Carrier	<b>190248</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LUMOS TEL. BOTETOURT</span></p>					
<p>Signature of Authorized Officer or employee: <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 or employee: <span style="color: blue;">Mary McDermott</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Senior VP, Legal and Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>LUMOS TEL. BOTETOURT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mary McDermott</b></p>				<p>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</p>	
<p>Date: <b>11/5/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mary McDermott</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Senior VP, Legal and Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>540-946-8677</b></p>					
Study Area Code of Reporting Carrier	<b>190249</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>11/14/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LUMOS TEL. BOTETOURT</span></p>					
<p>Signature of Authorized Officer or employee: <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:12/26/2014</small></p>	
<p>Date: <span style="color: blue;">12/26/2014</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mary McDermott</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Senior VP, Legal and Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer or employee: <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;">1/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHENANDOAH TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Thomas Reed</span></p>				<p><small>Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas@ed. emp@hentel@om,O=shenandoah 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 or employee: <span style="color: blue;">Thomas Reed</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller of Financial Reporting</span></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHENANDOAH - NR</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">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 or employee: <span style="color: blue;">Thomas Reed</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller of Financial Reporting</span></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG OF WV</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">James Ranko</span></p>				<p><small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong of wv,l= , Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Ranko</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">724-283-0925</span></p>					
Study Area Code of Reporting Carrier	200256		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRUCE KNOB SENECA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Vickie Colaw</span></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: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Vickie Colaw</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">304-567-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">200257</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WAR TEL LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Andrews</b></p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,lc= , Date:5/15/2014</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Andrews</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Sr Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>256-586-1420</b></p>					
Study Area Code of Reporting Carrier	<b>200258</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>WAR TEL LLC</b>					
Signature of Authorized Officer or employee: <b>Dennis Andrews</b> <small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,lc= , Date:10/28/2014</small>				Date: <b>10/28/2014</b>	
Printed name of Authorized Officer or employee: <b>Dennis Andrews</b>					
Title or position of Authorized Officer or employee: <b>Sr Vice President</b>					
Telephone number of Authorized Officer or employee: <b>256-586-1420</b>					
Study Area Code of Reporting Carrier	<b>200258</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>11/14/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HARDY TELECOM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Scott Sherman</b></p>				<p>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom,l= , Date:5/13/2014</p>	
<p>Date: <b>5/13/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Scott Sherman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Ranko</b></p>				<p>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel. co.,l= , Date:5/19/2014</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Ranko</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-283-0925</b></p>					
Study Area Code of Reporting Carrier	<b>200267</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST SIDE TEL-WV</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">John Ludenia</span></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jjudenia@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 or employee: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">V.P. Operations, General manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: ITS TELECOMM. SYS.</p>					
<p>Signature of Authorized Officer or employee: Don Pittman</p>				<p>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</p>	
<p>Date: 5/8/2014</p>					
<p>Printed name of Authorized Officer or employee: Don Pittman</p>					
<p>Title or position of Authorized Officer or employee: Vice President/CFO</p>					
<p>Telephone number of Authorized Officer or employee: 772-597-3767</p>					
Study Area Code of Reporting Carrier	210331		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST FLORIDA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Deborah Nobles</b></p>				<p>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=northeast florida,lc= , Date:5/19/2014</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Deborah Nobles</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>904-688-0029</b></p>					
Study Area Code of Reporting Carrier	<b>210335</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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		
Study Area Code of Reporting Carrier		220324	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ALMA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Brooks</b></p>				<p>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</p>	
<p>Date: <b>5/8/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kevin Brooks</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>912-632-8603</b></p>					
Study Area Code of Reporting Carrier	<b>220344</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BRANTLEY TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Donovan Strickland</b></p>				<p>Digitally signed by Donokan Stricvland DN:cn=Donokan Stricvland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 51335, Date:3/13/2014</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Donovan Strickland</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>912-462-5111</b></p>					
Study Area Code of Reporting Carrier	<b>220347</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BULLOCH COUNTY RURAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Scott</b></p>				<p>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch county rural, Date: 5/8/2014</p>	
<p>Date: <b>5/8/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Scott</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>912-865-1100</b></p>					
Study Area Code of Reporting Carrier	<b>220348</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CHICKAMAUGA TEL CORP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Charles Fail</b></p>				<p>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charief@nexband.com,O=chickamauga tel corp,l=Bay Springs MS 39422, Date:5/15/2014</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Charles Fail</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>601-764-3463</b></p>					
Study Area Code of Reporting Carrier	<b>220354</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier Darien Telephone Co., Inc.			
Signature of authorized officer <i>Mary Lou Forsyth</i>		Date	5-9-2014
Printed name of authorized officer Mary Lou Forsyth			
Title or position of authorized officer President			
Telephone number of authorized officer: (912) 437-6611 ext.			
Study Area Code of Reporting Carrier	220358	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			




TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLENWOOD TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Janice O'Brien</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/8/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Janice O'Brien</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">912-523-5111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220365</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>Hart Telephone Company</b>			
Signature of authorized officer <i>Randy Daniel</i>		Date	<b>05/08/2014</b>
Printed name of authorized officer <b>Randy Daniel</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(706) 376-4701</b>			
Study Area Code of Reporting Carrier	<b>220368</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PEMBROKE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mary Anna Hite</b></p>				<p>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</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mary Anna Hite</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>912-653-4389</b></p>					
Study Area Code of Reporting Carrier	<b>220376</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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


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

Name of Reporting Carrier				Pineland Telephone Cooperative, Inc.	
Signature of authorized officer		<i>[Signature]</i>		Date	
				5/8/14	
Printed name of authorized officer				Dustin Darden	
Title or position of authorized officer				Executive VP	
Telephone number of authorized officer:				(904) 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PLANTERS RURAL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Lacienski</b></p>				<p>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</p>	
<p>Date: <b>5/16/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Lacienski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>912-857-4411</b></p>					
Study Area Code of Reporting Carrier	<b>220378</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier PLANT TELEPHONE COMPANY				
Signature of authorized officer 			Date	05/08/2014
Printed name of authorized officer DANNY E. STERLING				
Title or position of authorized officer PRESIDENT & GENERAL MANAGER				
Telephone number of authorized officer: (229) 528-4777 ext.				
Study Area Code of Reporting Carrier	220379		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PROGRESSIVE RURAL</b></p>					
<p>Signature of Authorized Officer or employee: <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 or employee: <b>Wayne Dixon</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>478-984-4201</b></p>					
Study Area Code of Reporting Carrier	<b>220380</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Ringgold Telephone Company			
Signature of authorized officer <i>L. K. Dukes</i>		Date	5/12/2014
Printed name of authorized officer Lisa. K. Dukes			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer: (706) 965-2345 ext.			
Study Area Code of Reporting Carrier	220382	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TRENTON TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Tatum</b></p>				<p>Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel co,l= , Date:5/8/2014</p>	
<p>Date: <b>5/8/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steven Tatum</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>706-657-4367</b></p>					
Study Area Code of Reporting Carrier	<b>220389</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WAVERLY HALL, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <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 or employee: <b>Robert Jones</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>706-582-3333</b></p>					
Study Area Code of Reporting Carrier	<b>220392</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WILKES TEL &amp; ELC CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>George Dyson</b></p>				<p>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</p>	
<p>Date: <b>5/16/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>George Dyson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/Owner</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>706-678-9544</b></p>					
Study Area Code of Reporting Carrier	<b>220394</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
Name of Reporting Carrier: Ellerbe Telephone Company				
Signature of authorized officer: <i>Jeffrey W. Long</i>		Date: 5/19/2014		
Printed name of authorized officer: Jeffrey W. Long				
Title or position of authorized officer: Vice President				
Telephone number of authorized officer: (910) 652-2221				
Study Area Code of Reporting Carrier: 230478		Filing Due Date for this form (mm/dd/yyyy): 6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Name of Reporting Carrier	Town of Pineville dba Pineville Telephone Co		
Signature of authorized officer	Gary W. Creech		Date 5-20-14
Printed name of authorized officer	Gary W. Creech		
Title or position of authorized officer	General Manager		
Telephone number of authorized officer:	704.844.2041 ext.		
Study Area Code of Reporting Carrier	230444	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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	230496	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SURRY MEMBERSHIP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curtis Taylor</b></p>				<p>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/14/2014</p>	
<p>Date: <b>5/14/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Curtis Taylor</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-374-4535</b></p>					
Study Area Code of Reporting Carrier	<b>230497</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>STAR MEMBERSHIP CORP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lyman Horne</b></p>				<p>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</p>	
<p>Date: <b>5/13/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Lyman Horne</b></p>					
<p>Title or position of Authorized Officer or employee: <b>EVP &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>910-564-7827</b></p>					
Study Area Code of Reporting Carrier	<b>230502</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>SURRY MEMBERSHIP</b>					
Signature of Authorized Officer or employee: <b>Curtis Taylor</b> <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>				Date: <b>5/14/2014</b>	
Printed name of Authorized Officer or employee: <b>Curtis Taylor</b>					
Title or position of Authorized Officer or employee: <b>CEO</b>					
Telephone number of Authorized Officer or employee: <b>336-374-4535</b>					
Study Area Code of Reporting Carrier	<b>230503</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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 AN OFFICER OF THE REPORTING CARRIER

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


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

Name of Reporting Carrier				Wilkes Telephone Membership Corporation	
Signature of authorized officer			Date		May 8, 2014
Printed name of authorized officer			Eric S. Cramer		
Title or position of authorized officer			Chief Executive Officer / General Manager		
Telephone number of authorized officer:			(336) 973-3103 ext.		
Study Area Code of Reporting Carrier		230510	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PALMETTO RURAL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <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 or employee: <span style="color: blue;">Dewaine Wilson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>Piedmont Rural Telephone Cooperative, Inc.</b>			
Signature of authorized officer 		Date	<b>5-8-14</b>
Printed name of authorized officer <b>Randal J. Odom</b>			
Title or position of authorized officer <b>Chief Executive Officer</b>			
Telephone number of authorized officer: <b>(864) 682-3131</b> , ext.			
Study Area Code of Reporting Carrier	<b>240538</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PBT TELECOM, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>L. Spearman</b></p>				<p>Digitally signed by L. Spearman DN:cn=L. Spearman,email=bspearman@pbttel.net,O=pbt telecom, inc.,l= , Date:5/7/2014</p>	
<p>Date: <b>5/7/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>L. Spearman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Director of Business Development</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>803-894-1104</b></p>					
Study Area Code of Reporting Carrier	<b>240539</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SANDHILL TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Lee Chambers</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Lee Chambers</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <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><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: WEST CAROLINA RURAL					
Signature of Authorized Officer or employee: Jeff Wilson <div> <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> </div>				Date: 5/16/2014	
Printed name of Authorized Officer or employee: Jeff Wilson					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 864-446-9251					
Study Area Code of Reporting Carrier	240550		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BLOUNTSVILLE TEL LLC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Dennis Andrews</span></p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville 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 or employee: <span style="color: blue;">Dennis Andrews</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Sr Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">256-586-1420</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250282</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>					

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier <i>Castleberry Telephone Co., Inc.</i>			
Signature of authorized officer <i>Homer Holland</i>		Date	<i>5-12-14</i>
Printed name of authorized officer <i>Homer Holland</i>			
Title or position of authorized officer <i>Sec/Treas</i>			
Telephone number of authorized officer <i>(251) 966-2115</i> ext.			
Study Area Code of Reporting Carrier	<i>250285</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2014</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Farmers Telecommunications Cooperative, Inc.			
Signature of authorized officer <i>Tyler Pair</i>		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	250290	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Knology Total Communications, Inc.**

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**

Study Area Code of Reporting Carrier

**250295**

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

**6/16/2014**

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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: HAYNEVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Evelyn Causey</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: 5/20/2014</p>	
<p>Printed name of Authorized Officer or employee: Evelyn Causey</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 334-548-2101</p>					
Study Area Code of Reporting Carrier	250299		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HOPPER TELECOMM. LLC</span></p>					
<p>Signature of Authorized Officer or employee: <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=hopper telecomm. llc,l= , Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Andrews</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Sr Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">256-586-1420</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250300</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MILLRY TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bobby Williams</b></p>				<p>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</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bobby Williams</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President and Assistant Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>251-846-2911</b></p>					
Study Area Code of Reporting Carrier	<b>250304</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MON-CRE TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Teresa Rich</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Teresa Rich</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">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><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MOUNDVILLE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>R. Taylor</b></p>				<p>Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel co,l=Moundville AL 35474, Date:5/13/2014</p>	
<p>Date: <b>5/13/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>R. Taylor</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>205-371-9011</b></p>					
Study Area Code of Reporting Carrier	<b>250307</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				New Hope Telephone Cooperative, Inc.	
Signature of authorized officer				Date	05/19/2014
Printed name of authorized officer		James D Cook			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(256) 723-4211, ext.			
Study Area Code of Reporting Carrier	250308	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PINE BELT TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Nettles</b></p>				<p>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</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Nettles</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>334-385-2106</b></p>					
Study Area Code of Reporting Carrier	<b>250315</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RAGLAND TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <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 or employee: <span style="color: blue;">Peggy Dickinson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">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>					



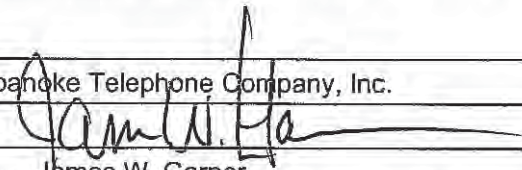
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Roanoke 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

**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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UNION SPRINGS TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Larry Grogan</span></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: <span style="color: blue;">5/12/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Larry Grogan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">334-738-4400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250322</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier:      <b>UNION SPRINGS TEL CO</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Larry Grogan</b></p>				<p>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</p>	
<p>Date:      <b>11/7/2014</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Larry Grogan</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>334-738-4400</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>250322</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>11/14/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BALLARD RURAL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Grogan</b></p>				<p>Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural coop,l=La Center KY 42056, Date:5/20/2014</p>	
<p>Date: <b>5/20/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Randy Grogan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>270-665-5186</b></p>					
Study Area Code of Reporting Carrier	<b>260396</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAFICC Recovery

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

Name of Reporting Carrier		Brandenburg Telephone Co. Inc.	
Signature of authorized officer		Date	5-20-14
Printed name of authorized officer		Allison Willoughby	
Title or position of authorized officer		General Manager	
Telephone number of authorized officer		270422-2121, ext.	
Study Area Code of Reporting Carrier	260398	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>DUO COUNTY TEL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Daryl Hammond</b></p>				<p>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</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Daryl Hammond</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>270-343-3131</b></p>					
Study Area Code of Reporting Carrier	<b>260401</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

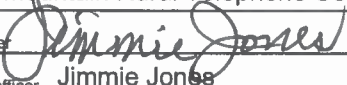
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FOOTHILLS RURAL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ruth Conley</b></p>				<p>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</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ruth Conley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>606-297-9131</b></p>					
Study Area Code of Reporting Carrier	<b>260406</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LOGAN TEL. COOP. INC</span></p>					
<p>Signature of Authorized Officer or employee: <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 or employee: <span style="color: blue;">Gregory Hale</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/Executive V.P.</span></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

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

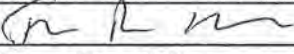
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>PEOPLES RURAL COOP</b>					
Signature of Authorized Officer or employee: <b>Keith Gabbard</b>				<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> Date: <b>5/13/2014</b>	
Printed name of Authorized Officer or employee: <b>Keith Gabbard</b>					
Title or position of Authorized Officer or employee: <b>CEO</b>					
Telephone number of Authorized Officer or employee: <b>606-287-7101</b>					
Study Area Code of Reporting Carrier	<b>260415</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">THACKER/GRIGSBY TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">William Grigsby</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/12/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">William Grigsby</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice-President/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">606-785-9500</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">260419</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
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>			
Study Area Code of Reporting Carrier	<b>260421</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

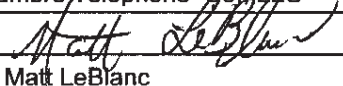
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAMERON TEL CO - LA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Petry</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/12/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Petry</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: CAMPTI-PLEASANT HILL					
Signature of Authorized Officer or employee: Tom Edens <small>Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campiti-pleasant hill,l=Natchitoches LA 71457, Date:5/16/2014</small>				Date: 5/16/2014	
Printed name of Authorized Officer or employee: Tom Edens					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 318-352-0014					
Study Area Code of Reporting Carrier	270426		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier 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) 685-2312			
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 AN OFFICER OF THE REPORTING CARRIER

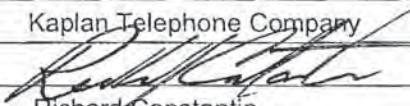
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ELIZABETH TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Bruce Petry</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/12/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Petry</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">337-583-2092</span></p>					
Study Area Code of Reporting Carrier	270430		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LAFOURCHE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Peter Louviere</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/18/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Peter Louviere</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">985-693-0265</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270433</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST LOUISIANA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mike George</b></p>				<p>Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,j=Collinston LA 71229, Date:5/9/2014</p>	
<p>Date: <b>5/9/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mike George</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President / General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>318-874-7011</b></p>					
Study Area Code of Reporting Carrier	<b>270435</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RESERVE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scott Small</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Small</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President/CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">985-536-1326</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270438</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RESERVE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Scott Small</span></p>				<p><small>Digitally signed by Scott Small DN:cn=Scott Small,email=ssmall@rtconline.com,O=reserve tel co,l=Reserve LA 70084-0519, Date:1/6/2015</small></p> <p>Date: <span style="color: blue;">1/6/2015</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Small</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Exec. Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">985-536-1326</span></p>					
Study Area Code of Reporting Carrier	270438		Filing Due Date for this form (mm/dd/yyyy)	1/16/2015	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">STAR TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <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,l= , Date:5/20/2014</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rebecca Knighten</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier 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 AN OFFICER OF THE REPORTING CARRIER


<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BRUCE TEL CO - MS</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Charles Fail</span></p>				<p><small>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charief@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 or employee: <span style="color: blue;">Charles Fail</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>DECATUR TEL CO -MS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Esther Smith</b></p>				<p>Digitally signed by Esther Smith DN:cn=Esther Smith,email=esther@decaturtelephone.com,O=decatur tel co -ms, Decatur MS 39327, Date:5/13/2014</p>	
<p>Date: <b>5/13/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Esther Smith</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>601-635-2251</b></p>					
Study Area Code of Reporting Carrier	<b>280451</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>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>(801) 355-1522</b>			
Study Area Code of Reporting Carrier	<b>280452</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>FULTON TEL CO</b>					
Signature of Authorized Officer or employee: <b>Charles Fail</b> <small>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charief@nexband.com,O=fulton tel co,l=Bay Springs MS 39422, Date:5/15/2014</small>				Date: <b>5/15/2014</b>	
Printed name of Authorized Officer or employee: <b>Charles Fail</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>601-764-3463</b>					
Study Area Code of Reporting Carrier	<b>280455</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>GEORGETOWN TEL CO</b>					
Signature of Authorized Officer or employee: <b>Joie Miller</b> <small>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</small>				Date: <b>5/15/2014</b>	
Printed name of Authorized Officer or employee: <b>Joie Miller</b>					
Title or position of Authorized Officer or employee: <b>Vice President</b>					
Telephone number of Authorized Officer or employee: <b>601-858-2211</b>					
Study Area Code of Reporting Carrier	<b>280456</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LAKESIDE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <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 or employee: <span style="color: blue;">Robert Sledge Jr.</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NOXAPATER TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <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 or employee: <b>John Pearce</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MOUND BAYOU TEL &amp; CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Charles Fail</b></p>				<p>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charief@nexband.com,O=mound bayou tel &amp; co,l=Bay Springs MS 39422, Date:5/15/2014</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Charles Fail</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>601-764-3463</b></p>					
Study Area Code of Reporting Carrier	<b>280462</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SLEDGE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <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=sledge 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 or employee: <span style="color: blue;">Robert Sledge Jr.</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">662-569-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">280466</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SMITHVILLE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">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 or employee: <span style="color: blue;">Roger Thompson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARDMORE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Trevor Bonnstetter</span></p>				<p>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</p> <p>Date: <span style="color: blue;">5/12/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Trevor Bonnstetter</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of authorized officer

*Ray Cantrell*

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

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 AN OFFICER OF THE REPORTING CARRIER

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

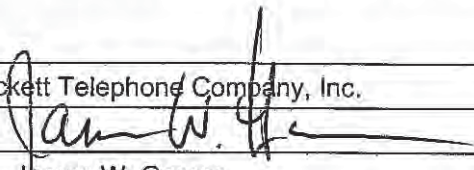
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>DEKALB TEL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Denise Brown</b></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: <b>5/8/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Denise Brown</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>615-464-2218</b></p>					
Study Area Code of Reporting Carrier	<b>290562</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: Highland Telephone Cooperative, Inc.			
Signature of authorized officer: 		Date:	5/20/2014
Printed name of authorized officer: G Mark Patterson			
Title or position of authorized officer: Chief Operating Officer / General Manager			
Telephone number of authorized officer: (423) 628-2121 ext.			
Study Area Code of Reporting Carrier	290565	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LORETTO TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Desda Hutchins</span></p>				<p>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</p>	
<p>Date: <span style="color: blue;">5/15/2014</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Desda Hutchins</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">931-853-4351</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290570</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTH CENTRAL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Johnny McClanahan</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/9/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Johnny McClanahan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">VP Finance and Adm. Services</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">615-666-2151</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290573</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TWIN LAKES TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jonathan West</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jonathan West</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">931-268-2151</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290579</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UTC-TN-UNITED COMM</span></p>					
<p>Signature of Authorized Officer or employee: <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 or employee: <span style="color: blue;">Tommy Welch</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Finance and Administration Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

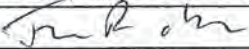
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier				West Tennessee 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		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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>West Kentucky Rural Cooperative - Yorkville</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>(279) 674-1000</b>			
Study Area Code of Reporting Carrier	<b>290598</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>THE ARTHUR MUTUAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Roughton</b></p>				<p>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual,lc=, Date:5/19/2014</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Roughton</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/Sec'y/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-393-2233</b></p>					
Study Area Code of Reporting Carrier	<b>300586</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">THE ARTHUR MUTUAL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Eric Roughton</span></p>				<p><small>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual,lc=, Date:1/5/2015</small></p>	
<p>Date: <span style="color: blue;">1/5/2015</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Eric Roughton</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/Sec'y/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-393-2233</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300586</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">1/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier:      <b>AYERSVILLE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Phil Maag</b></p>				<p>Digitally signed by Phil Maag DN:cnvPhil Maag=mailvpmaag, ayers@letelco.com=Ovayers@le tel co#v =Date:5/7/2014</p>	
<p>Date:      <b>5/7/2014</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Phil Maag</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>419-395-2222</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300588</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BASCOM MUTUAL TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kathy Reinhart</b></p>				<p>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</p>	
<p>Date: <b>5/20/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kathy Reinhart</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-937-2222</b></p>					
Study Area Code of Reporting Carrier	<b>300589</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BENTON RIDGE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ken Williams</b></p>				<p>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</p>	
<p>Date: <b>5/8/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ken Williams</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-859-2144</b></p>					
Study Area Code of Reporting Carrier	<b>300590</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier: <u>Buckling 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>419.652.2222 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">THE CHAMPAIGN TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Tiffany Ebersold</span></p>				<p><small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tiffany Ebersold</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">937-653-2263</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300594</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MCCLURE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lance Miller</b></p>				<p>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</p>	
<p>Date: <b>5/7/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Lance Miller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-748-8032</b></p>					
Study Area Code of Reporting Carrier	<b>300598</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: CONNEAUT TEL CO					
Signature of Authorized Officer or employee: 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>				Date: 5/8/2014	
Printed name of Authorized Officer or employee: Deanna Brown					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 440-593-7138					
Study Area Code of Reporting Carrier	300606		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>DOYLESTOWN TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Brockman</b></p>				<p>Digitally signed by Thomas Brockman DN:cn=Thomas Brockman,email=doytel@bright.net,O=doylestown tel co,l=, Date:5/8/2014</p>	
<p>Date: <b>5/8/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Thomas Brockman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>330-658-2121</b></p>					
Study Area Code of Reporting Carrier	<b>300609</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cheryl Bostelman</b></p>				<p>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</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Cheryl Bostelman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-758-3322</b></p>					
Study Area Code of Reporting Carrier	<b>300612</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FORT JENNINGS TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Michael Metzger</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Michael Metzger</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">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><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GLANDORF TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Linda Heckman</b></p>				<p>Digitally signed by Linda Heckman DN:cn=Linda Heckman,email=glandtel@bright.net,O=glandorf tel co,l=Glandorf OH 45848-0031, Date:5/15/2014</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Linda Heckman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager/Asst.Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-538-6987</b></p>					
Study Area Code of Reporting Carrier	<b>300619</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KALIDA TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <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:5/12/2014</small></p> <p>Date: <span style="color: blue;">5/12/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Chris Phillips</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDDLE POINT HOME</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home,lc= , Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300633</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier:      <b>MINFORD TEL CO</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Paula McGraw</b></p>				<p>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</p>	
<p>Date:      <b>5/13/2014</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Paula McGraw</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>740-820-2151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300634</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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier:      <b>THE NOVA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Charles Mattingly</b></p>				<p>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</p>	
<p>Date:      <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Charles Mattingly</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>903-452-3258</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300644</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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier The Ottoville Mutual Telephone Company				
Signature of authorized officer <i>William J. Honigford</i>		Date	05/12/2014	
Printed name of authorized officer William J Honigford				
Title or position of authorized officer General Manager				
Telephone number of authorized officer: (419) 453-3324				
Study Area Code of Reporting Carrier	300650	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PATTERSONVILLE TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Aaron Jones</b></p>				<p>Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel,l=Carrollton OH 44615, Date:5/19/2014</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Aaron Jones</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>330-895-4391</b></p>					
Study Area Code of Reporting Carrier	<b>300651</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Ridgeville Telephone Company	
Signature of authorized officer					Date
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		
Study Area Code of Reporting Carrier		300654	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SHERWOOD MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lynn Bergman</b></p>				<p>Digitally signed by Lynn Bergman DN:cn=Lynn Bergman,email=lynnbergman@smta.cc,O=sherwood mutual tel, =Sherwood OH 43556, Date:5/12/2014</p>	
<p>Date: <b>5/12/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Lynn Bergman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-899-2121</b></p>					
Study Area Code of Reporting Carrier	<b>300656</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SYCAMORE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Ekleberry</b></p>				<p>Digitally signed by Steven Ekleberry DN:cn=Steven Ekleberry,email=steve.ekleberry@sycltelco.com,O=sycamore tel co,l= , Date:5/19/2014</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steven Ekleberry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-927-6012</b></p>					
Study Area Code of Reporting Carrier	<b>300658</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TELEPHONE SERVICE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>				<p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,l= , Date:5/15/2014</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-847-2211</b></p>					
Study Area Code of Reporting Carrier	<b>300659</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VAUGHNSVILLE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Martha Kaplan</span></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: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Martha Kaplan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager/Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-646-3431</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300663</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>					



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<p>Name of Reporting Carrier: <span style="color: blue;">WABASH MUTUAL TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Boley</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Boley</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-942-1111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300664</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLBAND COMM COOP</span></p>					
<p>Signature of Authorized Officer or employee: <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,l= , Date:5/18/2014</small></p>	
<p>Date: <span style="color: blue;">5/18/2014</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ron Siegel</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">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>					

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<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ACE-MI ALLENDALE</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">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 or employee: <span style="color: blue;">Todd Roesler</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: <b>BARAGA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Stark</b></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: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paul Stark</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>906-353-6644</b></p>					
Study Area Code of Reporting Carrier	<b>310675</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: <span style="color: blue;">BARRY COUNTY TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Stoll</span></p>				<p><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></p> <p>Date: <span style="color: blue;">5/7/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Stoll</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">VP/GM/COO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">269-623-9971</span></p>					
Study Area Code of Reporting Carrier	310676		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>					

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<p>Name of Reporting Carrier: <b>BLANCHARD TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Duane Bronson</b></p>				<p>Digitally signed by Duane Bronson DN:cn=Duane Bronson,email=blanchardtel@power-net.net,O=blanchard tel. co.,l=Blanchard MI 49310-0067, Date:5/20/2014</p>	
<p>Date: <b>5/20/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Duane Bronson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP / General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>989-561-9930</b></p>					
Study Area Code of Reporting Carrier	<b>310678</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>					