

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: OXFORD WEST TEL CO

Signature of Authorized Officer or employee: Dawna Hannan
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

Date: 5/15/2014

Printed name of Authorized Officer or employee: Dawna Hannan

Title or position of Authorized Officer or employee: Director Regulatory Affairs

Telephone number of Authorized Officer or employee: 207-333-3455

Study Area Code of Reporting Carrier

100002

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **LINCOLNVILLE NETWRKS**

Signature of Authorized Officer or employee: **Shirley Manning**
Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@lintelco.net,O=lincolnvillenetwrks,|=. Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Shirley Manning**

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

Telephone number of Authorized Officer or employee: **207-563-9941**

Study Area Code of Reporting Carrier

100003

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

6/16/2014

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

TO BE COMPLETED BY 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: OXFORD COUNTY TEL

Signature of Authorized Officer or employee: Dawna Hannan
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

Date: 5/15/2014

Printed name of Authorized Officer or employee: Dawna Hannan

Title or position of Authorized Officer or employee: Director Regulatory Affairs

Telephone number of Authorized Officer or employee: 207-333-3455

Study Area Code of Reporting Carrier

100019

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **PINE TREE TEL LLC**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=pine tree tel llc, Date:5/14/2014

Date: **5/14/2014**

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

100020

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

6/16/2014

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

TO BE COMPLETED BY 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: SACO RIVER TEL LLC

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=saco river tel llc, Date:5/14/2014

Date: 5/14/2014

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 | 100022 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
|--------------------------------------|--------|--|--|-----------|--|

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: Union River Telephone Company | | | |
| Signature of authorized officer: <i>William S. Silsby, Jr.</i> | Date: | 05/16/2014 | |
| Printed name of authorized officer: William S. Silsby, Jr. | | | |
| Title or position of authorized officer: President/General Manager | | | |
| Telephone number of authorized officer: (207) 584-9911 ext. | | | |
| Study Area Code of Reporting Carrier | 100027 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

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: **UNITEL, INC.**

Signature of Authorized Officer or employee: **Laurie Osgood**
Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@uninets.net,O=unitel, inc.,I=Unity ME 04988-0165, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Laurie Osgood**

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

Telephone number of Authorized Officer or employee: **207-948-9952**

Study Area Code of Reporting Carrier

100029

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: MID-MAINE TELECOM

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,l= , Date:5/14/2014

Date: 5/14/2014

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)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **MID-MAINE TELECOM**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,l= , Date:10/30/2014

Date: **10/30/2014**

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)

11/14/2014

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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: MID-MAINE TELECOM

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,l= , Date:12/19/2014

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

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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: **GRANBY TEL LLC**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=granby tel llc,lc= , Date:5/14/2014

Date: **5/14/2014**

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**

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|--------------------------------------|---------------|--|--|------------------|--|
| Study Area Code of Reporting Carrier | 110036 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
|--------------------------------------|---------------|--|--|------------------|--|

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

TO BE COMPLETED BY 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: RICHMOND TEL CO

Signature of Authorized Officer or employee: Richard Drake Jr. 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

Date: 5/19/2014

Printed name of Authorized Officer or employee: Richard Drake Jr.

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 518-328-0336

Study Area Code of Reporting Carrier

110037

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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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> | | | | | |

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: **GRANITE STATE TEL**

Signature of Authorized Officer or employee: **Susan King**

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

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Susan King**

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

Telephone number of Authorized Officer or employee: **603-529-9941**

Study Area Code of Reporting Carrier

120039

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Ann Walsh**

Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co,l=, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Ann Walsh**

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

Telephone number of Authorized Officer or employee: **781-402-1731**

Study Area Code of Reporting Carrier

120042

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **DUNBARTON TEL CO**

Signature of Authorized Officer or employee: **David Montgomery**
Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer or employee: **David Montgomery**

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

Telephone number of Authorized Officer or employee: **603-774-9911**

Study Area Code of Reporting Carrier

120043

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **FRANKLIN TEL CO - VT**

Signature of Authorized Officer or employee: **Kimberly Gates Maynard**

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

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Kimberly Gates Maynard**

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

Telephone number of Authorized Officer or employee: **802-285-9911**

Study Area Code of Reporting Carrier

140053

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: **SHOREHAM TEL.**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=shoreham tel.,l= , Date:5/15/2014

Date: **5/15/2014**

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

140064

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

6/16/2014

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

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

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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

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

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: **WAITSFIELD/FAYSTON**

Signature of Authorized Officer or employee: **Roger Nishi**

Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvr.com,O=waitsfield/fayston,l=Waitsfield VT 05673, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Roger Nishi**

Title or position of Authorized Officer or employee: **Vice President - Industry Relations**

Telephone number of Authorized Officer or employee: **802-496-8336**

Study Area Code of Reporting Carrier

140069

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: VERMONT TEL. CO-VT

Signature of Authorized Officer or employee: **Fran Stocker**

Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt,l= , Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer or employee: Fran Stocker

Title or position of Authorized Officer or employee: Vice President of Finance

Telephone number of Authorized Officer or employee: 802-885-7745

Study Area Code of Reporting Carrier

147332

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: **ARMSTRONG TEL CO-NY**

Signature of Authorized Officer or employee: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-ny,l= , Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier

150071

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: CASSADAGA TEL CORP

Signature of Authorized Officer or employee: Bruce Clark

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

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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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

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

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

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer or employee: **518-298-2480**

Study Area Code of Reporting Carrier

150077

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

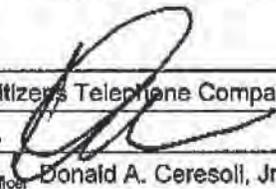
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

Certification of Officer for Rate-of-Return Carrier 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 ext. | |
| Study Area Code of Reporting Carrier | 150081 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

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: **CROWN POINT TEL CORP**

Signature of Authorized Officer or employee: **Shana Macey**

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

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Shana Macey**

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

Telephone number of Authorized Officer or employee: **518-597-3300**

Study Area Code of Reporting Carrier

150085

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: **DELHI TEL CO**

Signature of Authorized Officer or employee: **Jason Miller**
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

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Jason Miller**

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

Telephone number of Authorized Officer or employee: **607-746-1524**

Study Area Code of Reporting Carrier

150088

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: **DUNKIRK & FREDONIA**

Signature of Authorized Officer or employee: **Bruce Clark**

Digitally signed by Bruce Clark DN:cn=Bruce Clark,email=bruce.clark@dfel.com,O=dunkirk & fredonia,l=Fredonia NY 14063-0209, Date:5/13/2014

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

150091

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: **EMPIRE TEL CORP**

Signature of Authorized Officer or employee: **Tom Prestigiacom**
Digitally signed by Tom Prestigiacom DN:cn=Tom Prestigiacom,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Tom Prestigiacom**

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

150093

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **FISHERS ISLAND TEL**

Signature of Authorized Officer or employee: **J. Finan**
Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=fishers island tel,l=, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **J. Finan**

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

Telephone number of Authorized Officer or employee: **631-788-7251**

Study Area Code of Reporting Carrier

150095

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Bruce Bohnsack**
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

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Bruce Bohnsack**

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

Telephone number of Authorized Officer or employee: **518-537-4835**

Study Area Code of Reporting Carrier

150097

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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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=robjrh@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

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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

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Name of Reporting Carrier: MARGARETVILLE TEL CO

Signature of Authorized Officer or employee: **Glen Faulkner**

Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel co,I=Margaretville NY 12455, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Glen Faulkner

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

Telephone number of Authorized Officer or employee: 845-586-3311

Study Area Code of Reporting Carrier

150104

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: MIDDLEBURGH TEL CO

Signature of Authorized Officer or employee: **Marjorie Becker**
Digitally signed by Marjorie Becker DN:cn=Marjorie Becker, email=info@midtel.net, O=middleburgh tel co, l=Middleburgh NY 12122-0191, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer or employee: Marjorie Becker

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

Telephone number of Authorized Officer or employee: 518-827-5211

Study Area Code of Reporting Carrier

150105

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

6/16/2014

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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: **NEWPORT TEL CO**

Signature of Authorized Officer or employee: **Joseph Tomaino**
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

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Joseph Tomaino**

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

Telephone number of Authorized Officer or employee: **315-845-8112**

Study Area Code of Reporting Carrier

150107

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: NICHOLVILLE TEL CO

Signature of Authorized Officer or employee: Jeffrey McGrath
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

Date: 5/13/2014

Printed name of Authorized Officer or employee: Jeffrey McGrath

Title or position of Authorized Officer or employee: Vice President/CIO

Telephone number of Authorized Officer or employee: 315-328-5333

Study Area Code of Reporting Carrier

150108

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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Name of Reporting Carrier: ONEIDA COUNTY RURAL

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

Digitally signed by Thomas Ellis DN:cn=Thomas Ellis,email=tellis@northlandcom.com,O=oneida county rural, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Thomas Ellis

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

Telephone number of Authorized Officer or employee: 315-624-2000

Study Area Code of Reporting Carrier

150111

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **ONTARIO TEL CO, INC.**

Signature of Authorized Officer or employee: **Sean Socha**

Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=ontario tel co, inc.,l= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Sean Socha**

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

Telephone number of Authorized Officer or employee: **585-433-6666**

Study Area Code of Reporting Carrier

150112

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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Name of Reporting Carrier: **PATTERSONVILLE TEL**

Signature of Authorized Officer or employee: **Tammy Krisher**
Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel,I=Rotterdam Junc NY 12150, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Tammy Krisher**

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

Telephone number of Authorized Officer or employee: **518-887-2121**

Study Area Code of Reporting Carrier

150116

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: STATE TEL CO

Signature of Authorized Officer or employee: Mark Evans

Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel co,l= , Date:5/13/2014

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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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

Signature of Authorized Officer or employee: **Sean Socha**

Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=trumansburg tel co.,l= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Sean Socha**

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

Telephone number of Authorized Officer or employee: **585-433-6666**

Study Area Code of Reporting Carrier

150131

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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| | | | | | |
|---|--|------------------|--|--|--|
| Name of Reporting Carrier | | | | A Teva of Warwick LLC | |
| Signature of authorized officer | | Jennifer M Brown | | 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: | | | | 660 534 7300 ext. | |
| Study Area Code of Reporting Carrier | | 150/35 | 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

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| | | | |
|--|--|--|-----------|
| 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: | 2624-7300, ext. | | |
| Study Area Code of Reporting Carrier | 160135 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons 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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 - KECKSBURG**

Signature of Authorized Officer or employee: **Dennis Cutrell**
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

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Dennis Cutrell**

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

Telephone number of Authorized Officer or employee: **724-424-4444**

Study Area Code of Reporting Carrier

170156

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **HICKORY TEL CO**

Signature of Authorized Officer or employee: **Grier Adamson**
Digitally signed by Grier Adamson DN:cn=Grier Adamson,email=grier@hky.com,O=hickory tel co,l= , Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Grier Adamson**

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

Telephone number of Authorized Officer or employee: **724-356-2211**

Study Area Code of Reporting Carrier

170171

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

6/16/2014

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

TO BE COMPLETED BY 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: **LACKAWAXEN TELECOM**

Signature of Authorized Officer or employee: **Deborah Szmyd**
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

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Deborah Szmyd**

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

Telephone number of Authorized Officer or employee: **570-685-1096**

Study Area Code of Reporting Carrier

170177

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Laurel Highland 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 170179 | | Filing Due Date for this form (mm/dd/yyyy) 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **ARMSTRONG TEL CO-PA**

Signature of Authorized Officer or employee: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-pa,l= , Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier

170189

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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-EASTERN PA TEL**

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

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Thomas Mendicino**

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

Telephone number of Authorized Officer or employee: **570-785-2210**

Study Area Code of Reporting Carrier

170191

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

6/16/2014

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

TO BE COMPLETED BY 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 PENN TEL CO**

Signature of Authorized Officer or employee: **Tom Prestigiacom**
Digitally signed by Tom Prestigiacom DN:cn=Tom Prestigiacom,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Tom Prestigiacom**

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ARMSTRONG TEL NORTH**

Signature of Authorized Officer or employee: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel north,l= , Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier

170195

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

6/16/2014

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

TO BE COMPLETED BY 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: PALMERTON TEL CO

Signature of Authorized Officer or employee: Thomas Lager

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

Date: 5/15/2014

Printed name of Authorized Officer or employee: Thomas Lager

Title or position of Authorized Officer or employee: Vice President of Operations

Telephone number of Authorized Officer or employee: 610-826-9272

Study Area Code of Reporting Carrier

170196

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

6/16/2014

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

TO BE COMPLETED BY 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: PENNSYLVANIA TEL CO

Signature of Authorized Officer or employee: **Mary Davis**

Digitally signed by Mary Davis DN:cn=Mary Davis,email=patelco@ovalinternet.net,O=pennsylvania tel co,l= , Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Mary Davis

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 570-745-7101

Study Area Code of Reporting Carrier

170197

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

6/16/2014

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

TO BE COMPLETED BY 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: PYMATUNING IND TEL

Signature of Authorized Officer or employee: **Deborah Nobles**
Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=pymatuning ind tel,=, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Deborah Nobles

Title or position of Authorized Officer or employee: VP Regulatory Affairs

Telephone number of Authorized Officer or employee: 904-688-0029

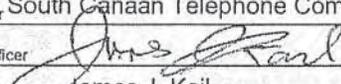
| | | | | | |
|--------------------------------------|--------|--|--|-----------|--|
| Study Area Code of Reporting Carrier | 170200 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
|--------------------------------------|--------|--|--|-----------|--|

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

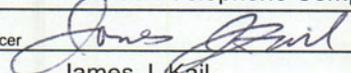
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

| | | | | | |
|--|--------|---|-----------|--------------------------------|----------|
| Name of Reporting Carrier | | | | South Canaan 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 | 170205 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | | 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) | 11/04/14 | November 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: VENUS TEL CORP

Signature of Authorized Officer or employee: **Janice Kline**
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

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)

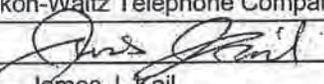
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | | 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 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: WEST SIDE TEL CO-PA

Signature of Authorized Officer or employee: John Ludenia

Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa,l= , Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer or employee: John Ludenia

Title or position of Authorized Officer or employee: V.P. Operations, General manager

Telephone number of Authorized Officer or employee: 304-983-8642

Study Area Code of Reporting Carrier

170277

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **ARMSTRONG TEL OF MD**

Signature of Authorized Officer or employee: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel of md,l= , Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier

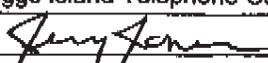
180216

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

6/16/2014

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

TO BE COMPLETED BY 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 Buggs Island Telephone Cooperative | | | |
| Signature of authorized officer  | | Date | 5-20-14 |
| Printed name of authorized officer Jerry Jones | | | |
| Title or position of authorized officer President | | | |
| Telephone number of authorized officer: (434) 636-2274 ext. | | | |
| Study Area Code of Reporting Carrier | 190219 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **BURKE'S GARDEN TEL**

Signature of Authorized Officer or employee: **Missy Lynch**

Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Missy Lynch**

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

Telephone number of Authorized Officer or employee: **276-472-2345**

Study Area Code of Reporting Carrier

190220

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

6/16/2014

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

TO BE COMPLETED BY 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 TEL COOP**

Signature of Authorized Officer or employee: **Greg Sapp**
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

Date: **5/20/2014**

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

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

Telephone number of Authorized Officer or employee: **540-745-2111**

Study Area Code of Reporting Carrier

190225

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 TEL COOP**

Signature of Authorized Officer or employee: **Ruth Newman**

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

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Ruth Newman**

Title or position of Authorized Officer or employee: **Co-General Manager/Secretary**

Telephone number of Authorized Officer or employee: **540-468-2131**

Study Area Code of Reporting Carrier

190237

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **MGW TEL. CO. INC.**

Signature of Authorized Officer or employee: **Sheri Smith**
Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw tel. co. inc.,l= , Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **540-925-5235**

Study Area Code of Reporting Carrier

190238

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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Name of Reporting Carrier: **NEW HOPE TEL COOP**

Signature of Authorized Officer or employee: **Laurie Hensley**
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

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Laurie Hensley**

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

Telephone number of Authorized Officer or employee: **540-363-6277**

Study Area Code of Reporting Carrier

190239

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **NEW HOPE TEL COOP**

Signature of Authorized Officer or employee: **Laurie Hensley**
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

Date: **12/17/2014**

Printed name of Authorized Officer or employee: **Laurie Hensley**

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

Telephone number of Authorized Officer or employee: **540-363-6277**

Study Area Code of Reporting Carrier

190239

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

1/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **SCOTT COUNTY COOP**

Signature of Authorized Officer or employee: **Daniel Odom**
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

Date: **5/13/2014**

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

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

Telephone number of Authorized Officer or employee: **276-452-7224**

Study Area Code of Reporting Carrier

190248

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: LUMOS TEL. BOTETOVRT

Signature of Authorized Officer or employee: **Mary McDermott**
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

Date: 5/19/2014

Printed name of Authorized Officer or employee: Mary McDermott

Title or position of Authorized Officer or employee: Senior VP, Legal and Regulatory Affairs

Telephone number of Authorized Officer or employee: 540-946-8677

| | | | | | |
|--------------------------------------|--------|--|--|-----------|--|
| Study Area Code of Reporting Carrier | 190249 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
|--------------------------------------|--------|--|--|-----------|--|

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **LUMOS TEL. BOTETOURT**

Signature of Authorized Officer or employee: **Mary McDermott**
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

Date: **11/5/2014**

Printed name of Authorized Officer or employee: **Mary McDermott**

Title or position of Authorized Officer or employee: **Senior VP, Legal and Regulatory Affairs**

Telephone number of Authorized Officer or employee: **540-946-8677**

| | | | | | |
|--------------------------------------|---------------|--|--|-------------------|--|
| Study Area Code of Reporting Carrier | 190249 | | Filing Due Date for this form (mm/dd/yyyy) | 11/14/2014 | |
|--------------------------------------|---------------|--|--|-------------------|--|

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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: **LUMOS TEL. BOTETOURT**

Signature of Authorized Officer or employee: **Mary McDermott**
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

Date: **12/26/2014**

Printed name of Authorized Officer or employee: **Mary McDermott**

Title or position of Authorized Officer or employee: **Senior VP, Legal and Regulatory Affairs**

Telephone number of Authorized Officer or employee: **540-946-8677**

Study Area Code of Reporting Carrier

190249

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

1/16/2015

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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: **SHENANDOAH TEL CO**

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

Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas@ed. emp@hental.com,O=shenandoah tel co,l= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Thomas Reed**

Title or position of Authorized Officer or employee: **Controller of Financial Reporting**

Telephone number of Authorized Officer or employee: **540-984-5295**

Study Area Code of Reporting Carrier

190250

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **SHENANDOAH - NR**

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

Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas.reed@emp.shentel.com,O=shenandoah - nr,l= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Thomas Reed**

Title or position of Authorized Officer or employee: **Controller of Financial Reporting**

Telephone number of Authorized Officer or employee: **540-984-5295**

Study Area Code of Reporting Carrier

197251

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **ARMSTRONG OF WV**

Signature of Authorized Officer or employee: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong of wv,l= , Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier

200256

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

6/16/2014

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

TO BE COMPLETED BY 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: **SPRUCE KNOB SENECA**

Signature of Authorized Officer or employee: **Vickie Colaw**

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

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Vickie Colaw**

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

Telephone number of Authorized Officer or employee: **304-567-2121**

Study Area Code of Reporting Carrier

200257

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: **WAR TEL LLC**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc, | = , Date:5/15/2014

Date: **5/15/2014**

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 | 200258 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
|--------------------------------------|---------------|--|--|------------------|--|

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **WAR TEL LLC**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc, Date:10/28/2014

Date: **10/28/2014**

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

200258

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

11/14/2014

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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: **HARDY TELECOM**

Signature of Authorized Officer or employee: **Scott Sherman**
Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom,l= , Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Scott Sherman**

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

Telephone number of Authorized Officer or employee: **304-897-9911**

Study Area Code of Reporting Carrier

200259

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel. co.,l= , Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier

200267

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: WEST SIDE TEL-WV

Signature of Authorized Officer or employee: **John Ludenia**
Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel-wv,l= , Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer or employee: John Ludenia

Title or position of Authorized Officer or employee: V.P. Operations, General manager

Telephone number of Authorized Officer or employee: 304-983-8642

Study Area Code of Reporting Carrier

200277

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: ITS TELECOMM. SYS.

Signature of Authorized Officer or employee: Don Pittman

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

Date: 5/8/2014

Printed name of Authorized Officer or employee: Don Pittman

Title or position of Authorized Officer or employee: Vice President/CFO

Telephone number of Authorized Officer or employee: 772-597-3767

Study Area Code of Reporting Carrier

210331

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **NORTHEAST FLORIDA**

Signature of Authorized Officer or employee: **Deborah Nobles**
Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=northeast florida,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Deborah Nobles**

Title or position of Authorized Officer or employee: **VP Regulatory Affairs**

Telephone number of Authorized Officer or employee: **904-688-0029**

Study Area Code of Reporting Carrier

210335

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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| | | | | | |
|--|--|--------|--|---------------------------|-----------|
| 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

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Name of Reporting Carrier: ALMA TEL CO

Signature of Authorized Officer or employee: Kevin Brooks

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

Date: 5/8/2014

Printed name of Authorized Officer or employee: Kevin Brooks

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 912-632-8603

Study Area Code of Reporting Carrier

220344

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

6/16/2014

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

TO BE COMPLETED BY 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: **BRANTLEY TEL CO**

Signature of Authorized Officer or employee: **Donovan Strickland**

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

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Donovan Strickland**

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

Telephone number of Authorized Officer or employee: **912-462-5111**

Study Area Code of Reporting Carrier

220347

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

6/16/2014

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

TO BE COMPLETED BY 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: **BULLOCH COUNTY RURAL**

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

Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch county rural, Date:5/8/2014

Date: **5/8/2014**

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

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

Telephone number of Authorized Officer or employee: **912-865-1100**

Study Area Code of Reporting Carrier

220348

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **CHICKAMAUGA TEL CORP**

Signature of Authorized Officer or employee: **Charles Fail**

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

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Charles Fail**

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

Telephone number of Authorized Officer or employee: **601-764-3463**

Study Area Code of Reporting Carrier

220354

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

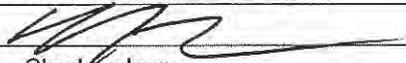
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | | 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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 | | | | 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 | | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **GLENWOOD TEL CO**

Signature of Authorized Officer or employee: **Janice O'Brien**
Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@glenwoodtelephone.com,O=glenwood tel co,l=Glenwood GA 30428-0235, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Janice O'Brien**

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

Telephone number of Authorized Officer or employee: **912-523-5111**

Study Area Code of Reporting Carrier

220365

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

6/16/2014

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

TO BE COMPLETED BY 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 | | | | Hart Telephone Company | | | |
| Signature of authorized officer | | | <i>Randy Daniel</i> | | Date | | 05/08/2014 |
| Printed name of authorized officer | | | | Randy Daniel | | | |
| Title or position of authorized officer | | | | President | | | |
| Telephone number of authorized officer: (706) 376-4701 ext. | | | | | | | |
| Study Area Code of Reporting Carrier | | | 220368 | | 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 | | | | 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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 TEL CO**

Signature of Authorized Officer or employee: **Mary Anna Hite**
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

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Mary Anna Hite**

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

Telephone number of Authorized Officer or employee: **912-653-4389**

| | | | | | |
|--------------------------------------|---------------|--|--|------------------|--|
| Study Area Code of Reporting Carrier | 220376 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
|--------------------------------------|---------------|--|--|------------------|--|

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

TO BE COMPLETED BY 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 | | | Date | | 5/8/14 | | |
| Printed name of authorized officer | | | | Pastin 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 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **PLANTERS RURAL COOP**

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

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer or employee: **912-857-4411**

Study Area Code of Reporting Carrier

220378

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | | 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 | | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **PROGRESSIVE RURAL**

Signature of Authorized Officer or employee: **Wayne Dixon**

Digitally signed by Wayne Dixon DN:cn=Wayne Dixon,email=swdixon@progressivetel.com,O=progressive rural,l=Rentz GA 31075, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Wayne Dixon**

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

Telephone number of Authorized Officer or employee: **478-984-4201**

Study Area Code of Reporting Carrier

220380

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | | 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: (478 847-411) 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. Duker</i> | | Date: | 5/12/2014 |
| Printed name of authorized officer: Lisa. K. Duker | | | |
| 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 |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **TRENTON TEL CO**

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

Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel co,l= , Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Steven Tatum**

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

Telephone number of Authorized Officer or employee: **706-657-4367**

Study Area Code of Reporting Carrier

220389

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

6/16/2014

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

TO BE COMPLETED BY 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: **WAVERLY HALL, LLC**

Signature of Authorized Officer or employee: **Robert Jones**

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

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Robert Jones**

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

Telephone number of Authorized Officer or employee: **706-582-3333**

Study Area Code of Reporting Carrier

220392

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 TEL & ELC CO**

Signature of Authorized Officer or employee: **George Dyson**

Digitally signed by George Dyson DN:cn=George Dyson,email=gad@nu-z.net,O=wilkes tel & elc co,l=Washington GA 30673, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **George Dyson**

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

Telephone number of Authorized Officer or employee: **706-678-9544**

Study Area Code of Reporting Carrier

220394

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| | | | |
|---|---------------|--|------------------|
| Name of Reporting Carrier: 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 |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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 | | | | 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 | | | |
| Study Area Code of Reporting Carrier | 230491 | 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 | | | | Town of Pineville dba Pineville Telephone Co | |
| Signature of authorized officer | | | 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: | | | | 704.844.2021 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 *Frankie L. Cagle* 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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SURRY MEMBERSHIP**

Signature of Authorized Officer or employee: **Curtis Taylor**

Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Curtis Taylor**

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

Telephone number of Authorized Officer or employee: **336-374-4535**

Study Area Code of Reporting Carrier

230497

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

6/16/2014

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

TO BE COMPLETED BY 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: **STAR MEMBERSHIP CORP**

Signature of Authorized Officer or employee: **Lyman Horne**

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

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Lyman Horne**

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

Telephone number of Authorized Officer or employee: **910-564-7827**

Study Area Code of Reporting Carrier

230502

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

6/16/2014

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

TO BE COMPLETED BY 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: **SURRY MEMBERSHIP**

Signature of Authorized Officer or employee: **Curtis Taylor**

Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Curtis Taylor**

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

Telephone number of Authorized Officer or employee: **336-374-4535**

Study Area Code of Reporting Carrier

230503

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

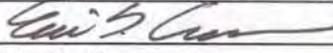
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

| | | | | | | | |
|---|--|----------------------------|--|---|--|-----------|--|
| Name of Reporting Carrier | | | | TriCounty Telephone Membership Corp | | | |
| Signature of authorized officer | | <i>Gregory S. Coltrain</i> | | 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 | | | |
| Study Area Code of Reporting Carrier | | 230505 | | 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 | | | | 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

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: PALMETTO RURAL COOP

Signature of Authorized Officer or employee: **Dewaine Wilson**
Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural coop,l= , Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Dewaine Wilson

Title or position of Authorized Officer or employee: Controller

Telephone number of Authorized Officer or employee: 843 538-9382

Study Area Code of Reporting Carrier

240536

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | | Piedmont Rural Telephone Cooperative, Inc. | |
| Signature of authorized officer | |  | | Date | 5-8-14 |
| Printed name of authorized officer | | Randal J. Odom | | | |
| Title or position of authorized officer | | Chief Executive Officer | | | |
| Telephone number of authorized officer: | | (864) 682-3131 | | | |
| Study Area Code of Reporting Carrier | | 240538 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **PBT TELECOM, INC.**

Signature of Authorized Officer or employee: **L. Spearman**

Digitally signed by L. Spearman DN:cn=L. Spearman,email=bspearman@pbttel.net,O=pbt telecom, inc.,l= , Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer or employee: **L. Spearman**

Title or position of Authorized Officer or employee: **Director of Business Development**

Telephone number of Authorized Officer or employee: **803-894-1104**

Study Area Code of Reporting Carrier

240539

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: SANDHILL TEL COOP

Signature of Authorized Officer or employee: Lee Chambers

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

Date: 5/16/2014

Printed name of Authorized Officer or employee: Lee Chambers

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

Telephone number of Authorized Officer or employee: 843-658-6379

Study Area Code of Reporting Carrier

240546

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: WEST CAROLINA RURAL

Signature of Authorized Officer or employee: Jeff Wilson

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

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

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: **BLOUNTSVILLE TEL LLC**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville tel llc,l= , Date:5/15/2014

Date: **5/15/2014**

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

250282

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

6/16/2014

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

2-5

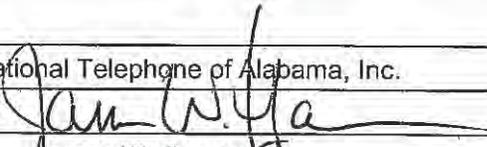
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| 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> | | | |
| 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 | | |  | | 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 | | 250286 | | 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 | | | | 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 ext. | | | |
| 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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: HAYNEVILLE TEL CO

Signature of Authorized Officer or employee: Evelyn Causey
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

Date: 5/20/2014

Printed name of Authorized Officer or employee: Evelyn Causey

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 334-548-2101

Study Area Code of Reporting Carrier

250299

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **HOPPER TELECOMM. LLC**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=hopper telecomm. llc,l= , Date:5/15/2014

Date: **5/15/2014**

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

250300

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

6/16/2014

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

TO BE COMPLETED BY 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: MILLRY TEL CO

Signature of Authorized Officer or employee: Bobby Williams
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

Date: 5/19/2014

Printed name of Authorized Officer or employee: Bobby Williams

Title or position of Authorized Officer or employee: Vice President and Assistant Secretary

Telephone number of Authorized Officer or employee: 251-846-2911

Study Area Code of Reporting Carrier

250304

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **MON-CRE TEL COOP**

Signature of Authorized Officer or employee: **Teresa Rich**

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

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Teresa Rich**

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

Telephone number of Authorized Officer or employee: **334-562-3242**

Study Area Code of Reporting Carrier

250305

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **MOUNDVILLE TEL CO**

Signature of Authorized Officer or employee: **R. Taylor**
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

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **R. Taylor**

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

Telephone number of Authorized Officer or employee: **205-371-9011**

Study Area Code of Reporting Carrier

250307

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | | 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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **PINE BELT TEL CO**

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

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **334-385-2106**

Study Area Code of Reporting Carrier

250315

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

6/16/2014

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

TO BE COMPLETED BY 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: **RAGLAND TEL CO**

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

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer or employee: **205-472-2141**

Study Area Code of Reporting Carrier

250316

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

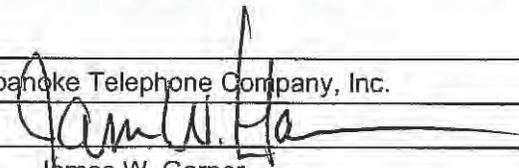
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | | 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 | | | | | | | |
| 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

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 SPRINGS TEL CO

Signature of Authorized Officer or employee: **Larry Grogan**
Digitally signed by Larry Grogan DN:cn=Larry Grogan,email=lcgrogan@ustconline.net,O=union springs tel co,l=Union Springs AL 36089, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Larry Grogan

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 334-738-4400

Study Area Code of Reporting Carrier

250322

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: UNION SPRINGS TEL CO

Signature of Authorized Officer or employee: **Larry Grogan**
Digitally signed by Larry Grogan DN:cn=Larry Grogan,email=lcgrogan@ustconline.net,O=union springs tel co,l=Union Springs AL 36089, Date:11/7/2014

Date: 11/7/2014

Printed name of Authorized Officer or employee: Larry Grogan

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 334-738-4400

Study Area Code of Reporting Carrier

250322

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

11/14/2014

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

TO BE COMPLETED BY 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: **BALLARD RURAL COOP**

Signature of Authorized Officer or employee: **Randy Grogan**
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

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Randy Grogan**

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

Telephone number of Authorized Officer or employee: **270-665-5186**

Study Area Code of Reporting Carrier

260396

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 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 | <i>Alison Willoughby</i> | Date | 5-20-14 |
| Printed name of authorized officer | | Alison 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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **DUO COUNTY TEL COOP**

Signature of Authorized Officer or employee: **Daryl Hammond**
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

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Daryl Hammond**

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

Telephone number of Authorized Officer or employee: **270-343-3131**

Study Area Code of Reporting Carrier

260401

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **FOOTHILLS RURAL COOP**

Signature of Authorized Officer or employee: **Ruth Conley**

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

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Ruth Conley**

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

Telephone number of Authorized Officer or employee: **606-297-9131**

Study Area Code of Reporting Carrier

260406

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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Name of Reporting Carrier: **LOGAN TEL. COOP. INC**

Signature of Authorized Officer or employee: **Gregory Hale**
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

Date: **5/12/2014**

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

Title or position of Authorized Officer or employee: **General Manager/Executive V.P.**

Telephone number of Authorized Officer or employee: **270-542-4121**

Study Area Code of Reporting Carrier

260413

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | | Mountain Rural Telephone Coop. Corp., Inc. | |
| Signature of authorized officer | | <i>Jimmie Jones</i> | | 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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 RURAL COOP

Signature of Authorized Officer or employee: **Keith Gabbard**

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

Date: 5/13/2014

Printed name of Authorized Officer or employee: Keith Gabbard

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 606-287-7101

Study Area Code of Reporting Carrier

260415

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: THACKER/GRIGSBY TEL

Signature of Authorized Officer or employee: **William Grigsby**
Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@gtel.com,O=thacker/grigsby tel,I=Hindman KY 41822, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: William Grigsby

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

Telephone number of Authorized Officer or employee: 606-785-9500

Study Area Code of Reporting Carrier

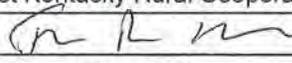
260419

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

6/16/2014

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

TO BE COMPLETED BY 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 Kentucky Rural Cooperative | | | |
| Signature of authorized officer  | | | Date 05/19/2014 |
| Printed name of authorized officer Trevor Bonnstetter | | | |
| Title or position of authorized officer Chief Executive Officer | | | |
| Telephone number of authorized officer: (270) 674-1000 | | | |
| Study Area Code of Reporting Carrier | 260421 | Filing Due Date for this form <small>(mm/dd/yyyy)</small> | 6/16/2014 |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | | | |

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: CAMERON TEL CO - LA

Signature of Authorized Officer or employee: **Bruce Petry**

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

Date: 5/12/2014

Printed name of Authorized Officer or employee: Bruce Petry

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

Telephone number of Authorized Officer or employee: 337-583-2092

Study Area Code of Reporting Carrier

270425

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: CAMPTI-PLEASANT HILL

Signature of Authorized Officer or employee: Tom Edens

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

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)

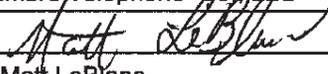
6/16/2014

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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 | | | | 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

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: ELIZABETH TEL CO

Signature of Authorized Officer or employee: Bruce Petry

Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel co,l=Sulphur LA 70664-0167, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Bruce Petry

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

Telephone number of Authorized Officer or employee: 337-583-2092

Study Area Code of Reporting Carrier

270430

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

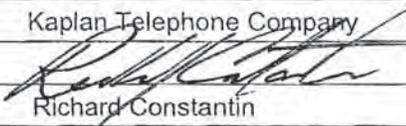
6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 |
| 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 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502.503(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: **LAFOURCHE TEL CO**

Signature of Authorized Officer or employee: **Peter Louviere**
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

Date: **5/18/2014**

Printed name of Authorized Officer or employee: **Peter Louviere**

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

Telephone number of Authorized Officer or employee: **985-693-0265**

Study Area Code of Reporting Carrier

270433

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **NORTHEAST LOUISIANA**

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

Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,l=Collinston LA 71229, Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer or employee: **318-874-7011**

Study Area Code of Reporting Carrier

270435

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: RESERVE TEL CO

Signature of Authorized Officer or employee: **Scott 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

Date: 5/20/2014

Printed name of Authorized Officer or employee: Scott Small

Title or position of Authorized Officer or employee: Vice President/CFO

Telephone number of Authorized Officer or employee: 985-536-1326

Study Area Code of Reporting Carrier

270438

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

6/16/2014

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

TO BE COMPLETED BY 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: **RESERVE TEL CO**

Signature of Authorized Officer or employee: **Scott 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

Date: **1/6/2015**

Printed name of Authorized Officer or employee: **Scott Small**

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

Telephone number of Authorized Officer or employee: **985-536-1326**

Study Area Code of Reporting Carrier

270438

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

1/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **STAR TEL CO**

Signature of Authorized Officer or employee: **Rebecca Knighten**
Digitally signed by Rebecca Knighten DN:cn=Rebecca Knighten,email=rebeccaknighten@star.brcoxmail.com,O=star tel co,l= , Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Rebecca Knighten**

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

Telephone number of Authorized Officer or employee: **225-926-0191**

Study Area Code of Reporting Carrier

270441

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

6/16/2014

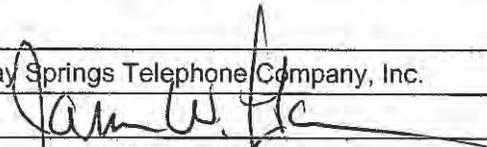
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 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

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: BRUCE TEL CO - MS

Signature of Authorized Officer or employee: Charles Fail

Digitally signed by Charles Fail DN:cn=Charles Fail,email=charief@nexusband.com,O=bruce tel co - ms,l=Bay Springs MS 39422, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Charles Fail

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 601-764-3463

Study Area Code of Reporting Carrier

280447

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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Name of Reporting Carrier: **DECATUR TEL CO -MS**

Signature of Authorized Officer or employee: **Esther Smith**

Digitally signed by Esther Smith DN:cn=Esther Smith,email=esther@decaturtelephone.com,O=decatur tel co -ms,I=Decatur MS 39327, Date:5/13/2014

Date: **5/13/2014**

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

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

Telephone number of Authorized Officer or employee: **601-635-2251**

Study Area Code of Reporting Carrier

280451

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

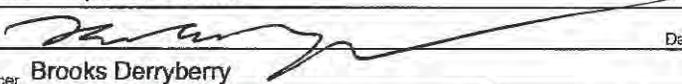
6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Delta Telephone Co., Inc. | | | |
| Signature of authorized officer |  | Date | 5/15/2014 |
| Printed name of authorized officer Brooks Derryberry | | | |
| Title or position of authorized officer Vice President/General Manager | | | |
| Telephone number of authorized officer. (801) 355-1522 | | | |
| Study Area Code of Reporting Carrier | 280452 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Franklin Telephone Co., Inc. | | | |
| Signature of authorized officer <i>James H. Creekmore Sr</i> | Date | 5/15/2014 | |
| Printed name of authorized officer James H. Creekmore | | | |
| Title or position of authorized officer Vice President | | | |
| Telephone number of authorized officer: (601) 355-1522 <small>ext.</small> | | | |
| Study Area Code of Reporting Carrier | 280454 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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

Signature of Authorized Officer or employee: **Charles Fail**
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

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Charles Fail**

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

Telephone number of Authorized Officer or employee: **601-764-3463**

Study Area Code of Reporting Carrier

280455

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Joie Miller**

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

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Joie Miller**

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

Telephone number of Authorized Officer or employee: **601-858-2211**

Study Area Code of Reporting Carrier

280456

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Robert Sledge Jr.**
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

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Robert Sledge Jr.**

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

Telephone number of Authorized Officer or employee: **662-569-3311**

Study Area Code of Reporting Carrier

280457

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer or employee: **601-764-3171**

Study Area Code of Reporting Carrier

280461

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

6/16/2014

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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: **MOUND BAYOU TEL & CO**

Signature of Authorized Officer or employee: **Charles Fail**
Digitally signed by Charles Fail DN:cn=Charles Fail,email=charief@nexusband.com,O=mound bayou tel & co,l=Bay Springs MS 39422, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Charles Fail**

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

Telephone number of Authorized Officer or employee: **601-764-3463**

Study Area Code of Reporting Carrier

280462

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

Signature of Authorized Officer or employee: **Robert Sledge Jr.**
Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel co,l=Sunflower MS 38778, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Robert Sledge Jr.**

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

Telephone number of Authorized Officer or employee: **662-569-3311**

Study Area Code of Reporting Carrier

280466

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

6/16/2014

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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: SMITHVILLE TEL CO

Signature of Authorized Officer or employee: **Roger Thompson**
Digitally signed by Roger Thompson DN:cn=Roger Thompson,email=rogert@traceroad.net,O=smithville tel co,l=Smithville MS 38870, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Roger Thompson

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 662-651-4131

Study Area Code of Reporting Carrier

280467

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Trevor Bonnstetter**
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

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Trevor Bonnstetter**

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

Telephone number of Authorized Officer or employee: **270-674-1000**

Study Area Code of Reporting Carrier

290280

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

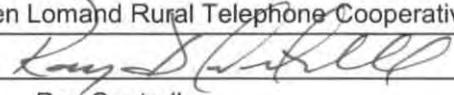
6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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| | | | |
|--|--------|---|-----------|
| Name of Reporting Carrier: Ben Lomand Rural Telephone Cooperative, Inc. | | | |
| Signature of authorized officer:  | | Date: | 5/7/2014 |
| Printed name of authorized officer: Ray Cantrell | | | |
| Title or position of authorized officer: Chief Executive Officer | | | |
| Telephone number of authorized officer: (931) 668-4131 ext. | | | |
| Study Area Code of Reporting Carrier: | 290553 | Filing Due Date for this form (mm/dd/yyyy): | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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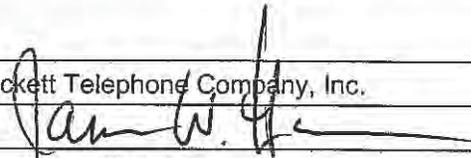
| | | | | | |
|---|--------|--|-----------|-------------------------------------|---------|
| Name of Reporting Carrier | | | | Bledsoe Telephone Cooperative, Inc. | |
| Signature of authorized officer | | <i>John Lee Downey</i> | | Date | 5-19-14 |
| Printed name of authorized officer | | John Lee Downey | | | |
| 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

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

Signature of Authorized Officer or employee: **Denise Brown**

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

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Denise Brown**

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

Telephone number of Authorized Officer or employee: **615-464-2218**

Study Area Code of Reporting Carrier

290562

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

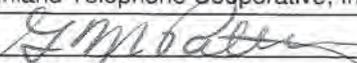
6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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

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

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

Signature of Authorized Officer or employee: **Desda Hutchins**
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

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Desda Hutchins**

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

Telephone number of Authorized Officer or employee: **931-853-4351**

Study Area Code of Reporting Carrier

290570

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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Name of Reporting Carrier: **NORTH CENTRAL COOP**

Signature of Authorized Officer or employee: **Johnny McClanahan**
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

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Johnny McClanahan**

Title or position of Authorized Officer or employee: **VP Finance and Adm. Services**

Telephone number of Authorized Officer or employee: **615-666-2151**

Study Area Code of Reporting Carrier

290573

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

6/16/2014

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

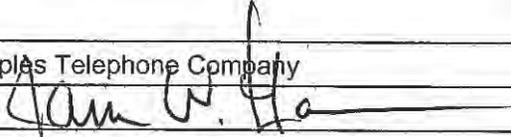
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier **Peoples Telephone Company**

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

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

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

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Name of Reporting Carrier: **TWIN LAKES TEL COOP**

Signature of Authorized Officer or employee: **Jonathan West**

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

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Jonathan West**

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

Telephone number of Authorized Officer or employee: **931-268-2151**

Study Area Code of Reporting Carrier

290579

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

6/16/2014

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

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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: **UTC-TN-UNITED COMM**

Signature of Authorized Officer or employee: **Tommy Welch**
Digitally signed by Tommy Welch DN:cn=Tommy Welch,email=twelch@utcoffice.net,O=utc-tn-united comm,I=Chapel Hill TN 37034, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Tommy Welch**

Title or position of Authorized Officer or employee: **Finance and Administration Manager**

Telephone number of Authorized Officer or employee: **931-364-4324**

Study Area Code of Reporting Carrier

290581

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

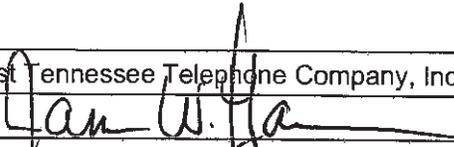
6/16/2014

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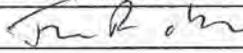
| | | | | | |
|---|--|---|--|--|------------|
| Name of Reporting Carrier | | | | West Tennessee Telephone Company, Inc. | |
| Signature of authorized officer | |  | | Date | 05/14/2014 |
| Printed name of authorized officer | | James W. Garner | | | |
| Title or position of authorized officer | | Vice 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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 Kentucky Rural Cooperative - Yorkville | |
| Signature of authorized officer | |  | | Date | 05/19/2014 |
| Printed name of authorized officer | | Trevor Bonnstetter | | | |
| Title or position of authorized officer | | Chief Executive Officer | | | |
| Telephone number of authorized officer: | | (270) 674-1000 | | | |
| Study Area Code of Reporting Carrier | 290598 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **THE ARTHUR MUTUAL**

Signature of Authorized Officer or employee: **Eric Roughton**

Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual,lc=, Date:5/19/2014

Date: **5/19/2014**

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

Title or position of Authorized Officer or employee: **General Manager/Sec'y/Treasurer**

Telephone number of Authorized Officer or employee: **419-393-2233**

Study Area Code of Reporting Carrier

300586

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **THE ARTHUR MUTUAL**

Signature of Authorized Officer or employee: **Eric Roughton**

Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual, Date:1/5/2015

Date: **1/5/2015**

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

Title or position of Authorized Officer or employee: **General Manager/Sec'y/Treasurer**

Telephone number of Authorized Officer or employee: **419-393-2233**

Study Area Code of Reporting Carrier

300586

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

1/16/2015

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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: **AYERSVILLE TEL CO**

Signature of Authorized Officer or employee: **Phil Maag**

Digitally signed by Phil Maag DN:cnvPhil
 Maag=emailv pmaag, ayers@letelco.com=Ovayers@le tel
 co*v =Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer or employee: **Phil Maag**

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

Telephone number of Authorized Officer or employee: **419-395-2222**

Study Area Code of Reporting Carrier

300588

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **BASCOM MUTUAL TEL CO**

Signature of Authorized Officer or employee: **Kathy Reinhart**
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

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Kathy Reinhart**

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

Telephone number of Authorized Officer or employee: **419-937-2222**

Study Area Code of Reporting Carrier

300589

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **BENTON RIDGE TEL CO**

Signature of Authorized Officer or employee: **Ken Williams**

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

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Ken Williams**

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

Telephone number of Authorized Officer or employee: **419-859-2144**

Study Area Code of Reporting Carrier

300590

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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| | |
|---|--|
| Name of Reporting Carrier: <i>BUCKING TELEPHONE COMPANY</i> | |
| Signature of authorized officer: <i>Douglas G. Place</i> | Date: <i>5/20/14</i> |
| Printed name of authorized officer: <i>DOUGLAS G. PLACE</i> | |
| Title or position of authorized officer: <i>GENERAL MANAGER</i> | |
| Telephone number of authorized officer: <i>419.652.2222 ext.</i> | |
| Study Area Code of Reporting Carrier: <i>300591</i> | Filing Due Date for this form (mm/dd/yyyy): <i>6/16/2014</i> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: THE CHAMPAIGN TEL CO

Signature of Authorized Officer or employee: **Tiffany Ebersold**
Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Tiffany Ebersold

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

Telephone number of Authorized Officer or employee: 937-653-2263

Study Area Code of Reporting Carrier

300594

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Lance Miller**

Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel co,I=McClure OH 43534-0026, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer or employee: **Lance Miller**

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

Telephone number of Authorized Officer or employee: **419-748-8032**

Study Area Code of Reporting Carrier

300598

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Deanna Brown**
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

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

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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

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

Signature of Authorized Officer or employee: **Thomas Brockman**
Digitally signed by Thomas Brockman DN:cn=Thomas Brockman,email=doysel@bright.net,O=doylestown tel co,lc=PA, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Thomas Brockman**

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

Telephone number of Authorized Officer or employee: **330-658-2121**

Study Area Code of Reporting Carrier

300609

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Cheryl Bostelman**
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

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Cheryl Bostelman**

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

Telephone number of Authorized Officer or employee: **419-758-3322**

Study Area Code of Reporting Carrier

300612

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **FORT JENNINGS TEL CO**

Signature of Authorized Officer or employee: **Michael Metzger**
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

Date: **5/20/2014**

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

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

Telephone number of Authorized Officer or employee: **419-286-2181**

Study Area Code of Reporting Carrier

300614

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **GLANDORF TEL CO**

Signature of Authorized Officer or employee: **Linda Heckman**
Digitally signed by Linda Heckman DN:cn=Linda Heckman,email=glantel@bright.net,O=glandorf tel co,l=Glandorf OH 45848-0031, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Linda Heckman**

Title or position of Authorized Officer or employee: **Manager/Asst.Treasurer**

Telephone number of Authorized Officer or employee: **419-538-6987**

Study Area Code of Reporting Carrier

300619

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: **KALIDA TEL CO**

Signature of Authorized Officer or employee: **Chris Phillips**

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

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Chris Phillips**

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

Telephone number of Authorized Officer or employee: **419-532-3218**

Study Area Code of Reporting Carrier

300625

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: MIDDLE POINT HOME

Signature of Authorized Officer or employee: Bruce Hanson

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home,l= , Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Bruce Hanson

Title or position of Authorized Officer or employee: Treasurer

Telephone number of Authorized Officer or employee: 320-847-2211

Study Area Code of Reporting Carrier

300633

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Paula McGraw**

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

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Paula McGraw**

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

Telephone number of Authorized Officer or employee: **740-820-2151**

Study Area Code of Reporting Carrier

300634

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

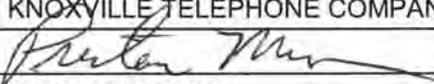
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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| | | | | | |
|--|--------|---|-----------|---------------------------------|------------|
| 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

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

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Name of Reporting Carrier: THE NOVA TEL CO

Signature of Authorized Officer or employee: **Charles Mattingly**
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

Date: 5/19/2014

Printed name of Authorized Officer or employee: Charles Mattingly

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 903-452-3258

Study Area Code of Reporting Carrier

300644

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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| | | | | | |
|--|--------|--|-----------|--|------------|
| Name of Reporting Carrier | | | | 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

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Name of Reporting Carrier: **PATTERSONVILLE TEL**

Signature of Authorized Officer or employee: **Aaron Jones**

Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel,I=Carrollton OH 44615, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Aaron Jones**

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

Telephone number of Authorized Officer or employee: **330-895-4391**

Study Area Code of Reporting Carrier

300651

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | Ridgeville Telephone Company | |
| Signature of authorized officer | <i>Matthew Eggers</i> | Date | 5/14/2014 |
| Printed name of authorized officer | | Matthew Eggers | |
| Title or position of authorized officer | | President, Board of Directors | |
| Telephone number of authorized officer: | | (419) 267-5185 | |
| Study Area Code of Reporting Carrier | 300654 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: SHERWOOD MUTUAL TEL

Signature of Authorized Officer or employee: **Lynn Bergman**
Digitally signed by Lynn Bergman DN:cn=Lynn Bergman,email=lynnbergman@smta.cc,O=sherwood mutual tel,l=Sherwood OH 43556, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Lynn Bergman

Title or position of Authorized Officer or employee: Manager

Telephone number of Authorized Officer or employee: 419-899-2121

Study Area Code of Reporting Carrier

300656

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

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Name of Reporting Carrier: SYCAMORE TEL CO

Signature of Authorized Officer or employee: **Steven Ekleberry**
Digitally signed by Steven Ekleberry DN:cn=Steven Ekleberry,email=steve.ekleberry@sycltelco.com,O=sycamore tel co,l= , Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Steven Ekleberry

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

Telephone number of Authorized Officer or employee: 419-927-6012

Study Area Code of Reporting Carrier

300658

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: TELEPHONE SERVICE

Signature of Authorized Officer or employee: Bruce Hanson

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,l= , Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Bruce Hanson

Title or position of Authorized Officer or employee: Treasurer

Telephone number of Authorized Officer or employee: 320-847-2211

Study Area Code of Reporting Carrier

300659

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

6/16/2014

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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: VAUGHNSVILLE TEL CO

Signature of Authorized Officer or employee: **Martha Kaplan**

Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vtelco@bright.net,O=vaughnsville tel co,l=Vaughnsville OH 45893-0127, Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer or employee: Martha Kaplan

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

Telephone number of Authorized Officer or employee: 419-646-3431

Study Area Code of Reporting Carrier

300663

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **WABASH MUTUAL TEL CO**

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

Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel co,l= , Date:5/20/2014

Date: **5/20/2014**

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

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

Telephone number of Authorized Officer or employee: **419-942-1111**

Study Area Code of Reporting Carrier

300664

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: ALLBAND COMM COOP

Signature of Authorized Officer or employee: Ron Siegel
Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop,l= , Date:5/18/2014

Date: 5/18/2014

Printed name of Authorized Officer or employee: Ron Siegel

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 989-369-9999

Study Area Code of Reporting Carrier

310542

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: ACE-MI ALLENDALE

Signature of Authorized Officer or employee: **Todd Roesler**

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

Date: 5/16/2014

Printed name of Authorized Officer or employee: Todd Roesler

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

Telephone number of Authorized Officer or employee: 507-896-6292

Study Area Code of Reporting Carrier

310669

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **906-353-6644**

Study Area Code of Reporting Carrier

310675

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **BARRY COUNTY TEL CO**

Signature of Authorized Officer or employee: **David Stoll**

Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel co,I=Delton MI 49046, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer or employee: **David Stoll**

Title or position of Authorized Officer or employee: **VP/GM/COO**

Telephone number of Authorized Officer or employee: **269-623-9971**

Study Area Code of Reporting Carrier

310676

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Duane Bronson**
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

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Duane Bronson**

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

Telephone number of Authorized Officer or employee: **989-561-9930**

Study Area Code of Reporting Carrier

310678

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

6/16/2014

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