

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				Bloomingdale Telephone Company Inc	
Signature of authorized officer			Date		05/19/2014
Printed name of authorized officer					
Mark Bahnsen					
Title or position of authorized officer					
CEO/General Manager					
Telephone number of authorized officer: (269) 521-7316 ext.					
Study Area Code of Reporting Carrier		310679	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **CARR TEL CO**

Signature of Authorized Officer or employee: **Terri Bogner**

Digitally signed by Terri Bogner DN:cn=Terri Bogner,email=teri@carrinter.net,O=carr tel co,l= , Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Terri Bogner**

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

Telephone number of Authorized Officer or employee: **231-898-2244**

Study Area Code of Reporting Carrier

310683

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: CLIMAX TEL CO

Signature of Authorized Officer or employee: **Kevin Doyle**
Digitally signed by Kevin Doyle DN:cn=Kevin Doyle,email=kdoyle@ctstelecom.com,O=climax tel co, Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer or employee: Kevin Doyle

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

Telephone number of Authorized Officer or employee: 269-746-3244

Study Area Code of Reporting Carrier

310688

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **CLIMAX TEL CO**

Signature of Authorized Officer or employee: **Kevin Doyle**
Digitally signed by Kevin Doyle DN:cn=Kevin Doyle,email=kdoyle@ctstelecom.com,O=climax tel co, , Date:1/5/2015

Date: **1/5/2015**

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

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

Telephone number of Authorized Officer or employee: **269-746-3244**

Study Area Code of Reporting Carrier

310688

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: **DEERFIELD FARMERS**

Signature of Authorized Officer or employee: **David LaRocca**

Digitally signed by David LaRocca DN:cn=David LaRocca,email=dave@cass.net,O=deerfield farmers, Inc., Date:5/7/2014

Date: **5/7/2014**

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

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

Telephone number of Authorized Officer or employee: **734-279-1339**

Study Area Code of Reporting Carrier

310691

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: ACE-MI DRENTHÉ

Signature of Authorized Officer or employee: **Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi drenthe,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

310692

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: ACE-MI DRENTHÉ

Signature of Authorized Officer or employee: **Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi drenthe,l=Houston MN 55943-0360, Date:11/4/2014

Date: 11/4/2014

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

310692

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 Farmers Mutual DBA Chapin Telephone Company			
Signature of authorized officer <i>Gene Maynard</i>		Date	5-14-14
Printed name of authorized officer Gene Maynard			
Title or position of authorized officer Vice President			
Telephone number of authorized officer: (989) 661-2476			
Study Area Code of Reporting Carrier	310694	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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		KALEVA TELEPHONE COMPANY	
Signature of authorized officer		Date	5/20/2014
Printed name of authorized officer	JON W. CRIBBS		
Title or position of authorized officer	PRESIDENT		
Telephone number of authorized officer:	(231)3623111, ext.		
Study Area Code of Reporting Carrier	310703	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: ACE TEL OF MICHIGAN

Signature of Authorized Officer or employee: **Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel of michigan,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

310704

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: ACE TEL OF MICHIGAN

Signature of Authorized Officer or employee: **Todd Roesler**
Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel of michigan,l=Houston MN 55943-0360, Date:11/4/2014

Date: 11/4/2014

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

310704

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				Lennon Telephone Company	
Signature of authorized officer		<i>Jacqueline Bowden</i>		Date	5-9-14
Printed name of authorized officer		Jacqueline Bowden			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(810) 621-3301			
Study Area Code of Reporting Carrier	310708	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: MIDWAY TEL CO

Signature of Authorized Officer or employee: **Camie Nebel-Conklin**
Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel co,l= , Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Camie Nebel-Conklin

Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer

Telephone number of Authorized Officer or employee: 906-387-9911

Study Area Code of Reporting Carrier	310711		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
--------------------------------------	--------	--	--	-----------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **HIAWATHA TEL CO**

Signature of Authorized Officer or employee: **Camie Nebel-Conklin**
Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha tel co,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Camie Nebel-Conklin**

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

Telephone number of Authorized Officer or employee: **906-387-9911**

Study Area Code of Reporting Carrier

310713

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				OGDEN TELEPHONE COMPANY	
Signature of authorized officer		<i>Linda K Corie</i>		Date	05/14/14
Printed name of authorized officer		LINDA K. CORIE			
Title or position of authorized officer		SECRETARY-TREASURER			
Telephone number of authorized officer:		(517) 443-5595 ext.			
Study Area Code of Reporting Carrier		310714	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **ONTONAGON COUNTY TEL**

Signature of Authorized Officer or employee: **Camie Nebel-Conklin**
Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Camie Nebel-Conklin**

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

Telephone number of Authorized Officer or employee: **906-387-9911**

Study Area Code of Reporting Carrier

310717

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: PIGEON TEL CO

Signature of Authorized Officer or employee: **Neal Eichler**

Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel co,l=Pigeon MI 48755, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Neal Eichler

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 989-453-4391

Study Area Code of Reporting Carrier

310721

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: SAND CREEK TEL CO

Signature of Authorized Officer or employee: **Harvey Souders**
Digitally signed by Harvey Souders DN:cn=Harvey Souders,email=souders@sandcreektelco.com,O=sand creek tel co,l=Sand Creek MI 49279-0066, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Harvey Souders

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

Telephone number of Authorized Officer or employee: 517-436-3130

Study Area Code of Reporting Carrier

310725

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **SPRINGPORT TEL CO**

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

Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel co,l=Springport MI 49284-0208, Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **517-857-3100**

Study Area Code of Reporting Carrier

310728

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **SPRINGPORT TEL CO**

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

Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel co,l=Springport MI 49284-0208, Date:12/22/2014

Date: **12/22/2014**

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

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

Telephone number of Authorized Officer or employee: **517-857-3100**

Study Area Code of Reporting Carrier

310728

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: **UPPER PENINSULA TEL**

Signature of Authorized Officer or employee: **David Hoover**

Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=upper peninsula tel, Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **906-639-2111**

Study Area Code of Reporting Carrier

310732

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **WALDRON TEL CO**

Signature of Authorized Officer or employee: **Lucinda Bernath**
Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel co,l=Waldron MI 49288-0197, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Lucinda Bernath**

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

Telephone number of Authorized Officer or employee: **517-286-6211**

Study Area Code of Reporting Carrier

310734

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: WESTPHALIA TEL CO

Signature of Authorized Officer or employee: David Fox

Digitally signed by David Fox DN:cn=David Fox,email=dave.fox@4wbi.net,O=westphalia tel co,l=Westphalia MI 48894, Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer or employee: David Fox

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 989-587-5000

Study Area Code of Reporting Carrier

310735

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Winn Telephone Company	
Signature of authorized officer		<i>Kevin Fryover</i>		Date	05/20/14
Printed name of authorized officer		Kevin Fryover			
Title or position of authorized officer		Manager			
Telephone number of authorized officer:		(248) 928-4191 ext.			
Study Area Code of Reporting Carrier	310737	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: ACE-MI OLD MISSION

Signature of Authorized Officer or employee: **Todd Roesler**
Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi old mission,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

310777

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **MCBC**

Signature of Authorized Officer or employee: **David Hoover**

Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=mcbc,l= , Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **877-216-0502**

Study Area Code of Reporting Carrier

310785

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **BLOOMINGDALE HOME**

Signature of Authorized Officer or employee: **Ronja Branson**
Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingdaletel.com,O=bloomingdale home,l=Bloomington IN 47832, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Ronja Branson**

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

Telephone number of Authorized Officer or employee: **765-498-2000**

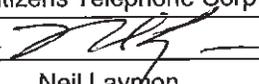
Study Area Code of Reporting Carrier	320742		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
--------------------------------------	---------------	--	--	------------------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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 Corp			
Signature of authorized officer					Date	5/12/14	
Printed name of authorized officer			Neil Layton				
Title or position of authorized officer			President /General Mgr				
Telephone number of authorized officer:			(260) 375-2111 ext.				
Study Area Code of Reporting Carrier		32751	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **CLAY DBA ENDEAVOR**

Signature of Authorized Officer or employee: **Ralph Cunha**
Digitally signed by Ralph Cunha DN:cn=Ralph Cunha,email=rcunha@weEndeavor.com,O=clay dba endeavor,l=Cloverdale IN 46120-0237, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Ralph Cunha**

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

Telephone number of Authorized Officer or employee: **765-795-4261**

Study Area Code of Reporting Carrier

320753

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: CRAIGVILLE TEL CO

Signature of Authorized Officer or employee: **Lee Von Gunten**
Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel co,l=Craigville IN 46731, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer or employee: Lee Von Gunten

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 260-565-3131

Study Area Code of Reporting Carrier	320756		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
--------------------------------------	--------	--	--	-----------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **DAVISS-MARTIN/RTC**

Signature of Authorized Officer or employee: **Stephen Bartlett**
Digitally signed by Stephen Bartlett DN: cn=Stephen Bartlett, email=sbartlett@rtccom.com, O=daviess-martin/rtc, I=Montgomery IN 47558, Date: 5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Stephen Bartlett**

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

Telephone number of Authorized Officer or employee: **812-486-3211**

Study Area Code of Reporting Carrier

320759

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **GEETINGSVILLE TEL CO**

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

Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co,lc= , Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer or employee: **765-258-3111**

Study Area Code of Reporting Carrier

320771

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **HANCOCK DBA NINESTAR**

Signature of Authorized Officer or employee: **Michael Burrow**
Digitally signed by Michael Burrow DN:cn=Michael Burrow,email=mburrow@ninestarconnect.com,O=hancock dba ninestar,lc=, Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **317-326-2101**

Study Area Code of Reporting Carrier

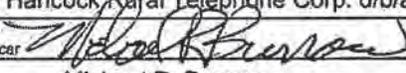
320775

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier: Hancock Rural Telephone Corp. d/b/a NineStar Connect			
Signature of authorized officer: 		Date:	11/3/2014
Printed name of authorized officer: Michael R. Burrow			
Title or position of authorized officer: President & CEO			
Telephone number of authorized officer: (317) 326-3131 ext.			
Study Area Code of Reporting Carrier	320775	Filing Due Date for this form (mm/dd/yyyy)	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: **LIGONIER TEL CO**

Signature of Authorized Officer or employee: **Donald Johnson**
Digitally signed by Donald Johnson DN:cn=Donald Johnson,email=djohnson@ligtel.net,O=ligonier tel co,l= , Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **260-894-7161**

Study Area Code of Reporting Carrier

320783

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **MONON TEL CO**

Signature of Authorized Officer or employee: **Bruce Hanway**
Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel co,l=Monon IN 47959, Date:5/15/2014

Date: **5/15/2014**

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

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

Telephone number of Authorized Officer or employee: **219-253-6601**

Study Area Code of Reporting Carrier

320790

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **MULBERRY COOP TEL CO**

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

Digitally signed by Randy Maish DN:cn=Randy Maish,email=randy@mintel.net,O=mulberry coop tel co,l=Mulberry IN 46058-0370, Date:5/15/2014

Date: **5/15/2014**

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

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

Telephone number of Authorized Officer or employee: **765-296-2885**

Study Area Code of Reporting Carrier

320792

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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 Lisbon Telephone Company	
Signature of authorized officer	<i>Joel Magiera President</i>	Date	5/19/2014
Printed name of authorized officer		Joel Magiera	
Title or position of authorized officer		Board President	
Telephone number of authorized officer: (765) 332-2413			
Study Area Code of Reporting Carrier	320796	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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 PARIS TEL INC**

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

Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel inc,l=New Paris IN 46553-0047, Date:5/20/2014

Date: **5/20/2014**

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

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

Telephone number of Authorized Officer or employee: **574-831-7115**

Study Area Code of Reporting Carrier

320797

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

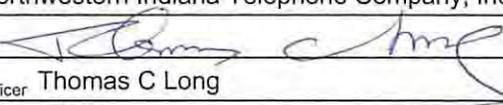
6/16/2014

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

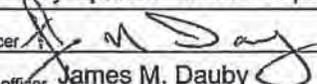
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Northwestern Indiana Telephone Company, Inc	
Signature of authorized officer				Date	5/20/14
Printed name of authorized officer		Thomas C Long			
Title or position of authorized officer		COO			
Telephone number of authorized officer: (219) 996-2981 ext.					
Study Area Code of Reporting Carrier	320800		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Perry-Spencer Rural Telephone Cooperative, Inc. d/b/a PSC	
Signature of authorized officer				Date	05/15/2014
Printed name of authorized officer		James M. Dauby			
Title or position of authorized officer		President and CEO			
Telephone number of authorized officer:		(812) 357-2123			
Study Area Code of Reporting Carrier	320807	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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		Pulaski White Rural Telephone Cooperative, Inc.	
Signature of authorized officer	<i>Mark A. Dickerson</i>	Date	5/20/2014
Printed name of authorized officer		Mark A. Dickerson	
Title or position of authorized officer		President/CEO	
Telephone number of authorized officer:		(574) 278-7121 ext.	
Study Area Code of Reporting Carrier	320813	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: ROCHESTER TEL CO

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

Digitally signed by Greta Lynch DN:cn=Greta Lynch,email=greta.lynych@rtc1.com,O=rochester tel co,l=Rochester IN 46975-0507, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer or employee: Greta Lynch

Title or position of Authorized Officer or employee: VP-Finance

Telephone number of Authorized Officer or employee: 574-223-0238

Study Area Code of Reporting Carrier

320815

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: SEI Rural Telephone Cooperative, Inc.			
Signature of authorized officer: <i>Michael Leach</i>	Date:	5/7/2014	
Printed name of authorized officer: Michael Leach			
Title or position of authorized officer: General Manager			
Telephone number of authorized officer: (812) 667-5100, ext.			
Study Area Code of Reporting Carrier:	320819	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Sunman Telecommunications Coop	
Signature of authorized officer			Date		5/20/14
Printed name of authorized officer			Michael J. Ali		
Title or position of authorized officer			CFO		
Telephone number of authorized officer: 8262212 ext.					
Study Area Code of Reporting Carrier		320825		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: **SWAYZEE TEL CO**

Signature of Authorized Officer or employee: **Timothy Miles**

Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel co,l= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Timothy Miles**

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

Telephone number of Authorized Officer or employee: **765-922-7916**

Study Area Code of Reporting Carrier

320826

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: SWEETSER RURAL TEL

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

Digitally signed by Scott Winger DN:cn=Scott Winger,email=sweetser@comteck.com,O=sweetser rural tel,l=Sweetser IN 46987, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Scott Winger

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 765-384-4311

Study Area Code of Reporting Carrier

320827

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Washington County Rural Telephone Cooperative, Inc.					
Signature of authorized officer			Roland King			Date		5/15/14	
Printed name of authorized officer				Roland King					
Title or position of authorized officer				President					
Telephone number of authorized officer:				812867 3171 ext.					
Study Area Code of Reporting Carrier			320834		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014		
Persons 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(a) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Washington County Rural Telephone Cooperative, Inc.			
Signature of authorized officer			<i>Roland K. King</i>		Date		10/24/2014
Printed name of authorized officer				Roland K. King			
Title or position of authorized officer				President			
Telephone number of authorized officer:				(812) 967-3171			
Study Area Code of Reporting Carrier		320834		Filing Due Date for this form (mm/dd/yyyy)		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: YEOMAN TEL CO, INC

Signature of Authorized Officer or employee: **David Blacker**

Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytc.com,O=yeoman tel co, inc, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: David Blacker

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 574-965-2100

Study Area Code of Reporting Carrier

320839

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: YEOMAN TEL CO, INC

Signature of Authorized Officer or employee: **David Blacker**
Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytc.com,O=yeoman tel co, inc,lc= , Date:10/29/2014

Date: 10/29/2014

Printed name of Authorized Officer or employee: David Blacker

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 574-965-2100

Study Area Code of Reporting Carrier

320839

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: **AMERY TELCOM, INC.**

Signature of Authorized Officer or employee: **Michael Jensen**
Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer or employee: **715-268-7101**

Study Area Code of Reporting Carrier

330842

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **AMHERST TEL CO**

Signature of Authorized Officer or employee: **Carl Bohman**
Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=cbohman@wi-net.com,O=amherst tel co,l=Amherst WI 54406-0279, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Carl Bohman**

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

Telephone number of Authorized Officer or employee: **715-824-5529**

Study Area Code of Reporting Carrier

330843

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				BALDWIN TELECOM, INC.	
Signature of authorized officer		<i>David Mattison</i>		Date	5/15/2014
Printed name of authorized officer		DAVID MATTISON			
Title or position of authorized officer		PRESIDENT			
Telephone number of authorized officer: (715) 684-3346					
Study Area Code of Reporting Carrier		330846	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: BELMONT TEL CO

Signature of Authorized Officer or employee: Deb Egli

Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=belmont tel co,l=Cuba City WI 53807, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Deb Egli

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 608-744-3500

Study Area Code of Reporting Carrier

330847

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **BERGEN TEL CO**

Signature of Authorized Officer or employee: **Brad Ellefson**
Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel co,l=Sharon WI 53585, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Brad Ellefson**

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

Telephone number of Authorized Officer or employee: **262-736-9981**

Study Area Code of Reporting Carrier

330848

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **BLOOMER TEL CO**

Signature of Authorized Officer or employee: **Jim Smart**

Digitally signed by Jim Smart DN:cn=Jim Smart,email=jrs@bloomer.net,O=bloomer tel co, Inc., Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Jim Smart**

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

Telephone number of Authorized Officer or employee: **715-568-4830**

Study Area Code of Reporting Carrier

330850

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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, INC**

Signature of Authorized Officer or employee: **John Manosky**
Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel co, inc,l= , Date:5/16/2014

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer or employee: **715-868-5111**

Study Area Code of Reporting Carrier

330855

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **CHEQUAMEGON COM COOP**

Signature of Authorized Officer or employee: **David Carter**

Digitally signed by David Carter DN:cn=David Carter,email=dcarter@norvado.com,O=chequamegon.com,coop,I=Cable WI 54821-0067, Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer or employee: **715-798-3303**

Study Area Code of Reporting Carrier

330860

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **CHIBARDUN TEL COOP**

Signature of Authorized Officer or employee: **N. Scott Behn**

Digitally signed by N. Scott Behn DN:cn=N. Scott Behn,email=sbehn@mosaictelcom.com,O=chibardun tel coop,l=Cameron WI 54822-0664, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **N. Scott Behn**

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

Telephone number of Authorized Officer or employee: **715-458-5400**

Study Area Code of Reporting Carrier

330861

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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-WI**

Signature of Authorized Officer or employee: **Dennis Bachman**
Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel coop-wi,l=New Auburn WI 54757-0127, Date:5/16/2014

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer or employee: **715-237-2605**

Study Area Code of Reporting Carrier

330863

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: CLEAR LAKE TEL CO-WI

Signature of Authorized Officer or employee: **Tim Kusilek**
Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@cltcomm.net,O=clear lake tel co-wi,l=Clear Lake WI 54005, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Tim Kusilek

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 715-263-2755

Study Area Code of Reporting Carrier	330865		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
--------------------------------------	--------	--	--	-----------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **COCHRANE COOP TEL CO**

Signature of Authorized Officer or employee: **Gina Tomlinson**
Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mw.t.net,O=cochrane coop tel co,l=Cochrane WI 54622-0189, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Gina Tomlinson**

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

Telephone number of Authorized Officer or employee: **608-248-2323**

Study Area Code of Reporting Carrier

330866

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **COON VALLEY FARMERS**

Signature of Authorized Officer or employee: **Carol Olson**

Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers,|=Coon Valley WI 54623-0398, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Carol Olson**

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

Telephone number of Authorized Officer or employee: **608-452-3101**

Study Area Code of Reporting Carrier

330868

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: CUBA CITY EXCHANGE

Signature of Authorized Officer or employee: Deb Egli

Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=cuba city exchange,l=Cuba City WI 53807, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Deb Egli

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 608-744-3500

Study Area Code of Reporting Carrier

330872

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FARMERS INDEPENDENT**

Signature of Authorized Officer or employee: **Mark Anderson**
Digitally signed by Mark Anderson DN:cn=Mark Anderson,email=mark@grantsburgtelcom.com,O=farmers independent,l=Grantsburg WI 54840-0447, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer or employee: **715-463-5322**

Study Area Code of Reporting Carrier

330879

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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 Hager Telecom Inc			
Signature of authorized officer 	Date	5/16/2014	
Printed name of authorized officer William Eckles			
Title or position of authorized officer President			
Telephone number of authorized officer: (507) 526-3252			
Study Area Code of Reporting Carrier	330889	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: HILLSBORO TEL CO

Signature of Authorized Officer or employee: Carla Shaker

Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel co,l=Hillsboro WI 54634-0427, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer or employee: Carla Shaker

Title or position of Authorized Officer or employee: Secretary/Treasurer/Office Mgr.

Telephone number of Authorized Officer or employee: 608-489-2100

Study Area Code of Reporting Carrier

330892

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: LAKEFIELD TEL CO

Signature of Authorized Officer or employee: **Roger Hermesen**
Digitally signed by Roger Hermesen DN:cn=Roger Hermesen,email=roger.hermesen@nsight.com,O=lakefield tel co,l=Green Bay WI 54307-9079, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Roger Hermesen

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

Telephone number of Authorized Officer or employee: 920-617-7502

Study Area Code of Reporting Carrier	330896		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
--------------------------------------	--------	--	--	-----------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: LA VALLE TEL COOP

Signature of Authorized Officer or employee: Brad Welp

Digitally signed by Brad Welp DN:cn=Brad Welp,email=bradw@ltc.coop,O=la valle tel coop,I=LaValle WI 53941, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer or employee: Brad Welp

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 608-537-2461

Study Area Code of Reporting Carrier

330899

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **LEMONWEIR VALLEY TEL**

Signature of Authorized Officer or employee: **Donna Rezin**

Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=donna.rezin@lynxxnet.com,O=lemonweir valley tel,l=Camp Douglas WI 54618, Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer or employee: **608-427-6515**

Study Area Code of Reporting Carrier

330900

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **LAKELAND-LUCK**

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

Digitally signed by John Klatt DN:cn=John Klatt,email=jkklatt@lakeland.ws,O=lakeland-luck,I=Milltown WI 54858, Date:5/16/2014

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer or employee: **715-825-2171**

Study Area Code of Reporting Carrier

330902

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **MANAWA TEL CO**

Signature of Authorized Officer or employee: **Thomas Squires**
Digitally signed by Thomas Squires DN:cn=Thomas Squires,email=tsquires@wolfnet.net,O=manawa tel co,l=Manawa WI 54949, Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer or employee: **920-596-1707**

Study Area Code of Reporting Carrier

330905

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **MARQUETTE-ADAMS COOP**

Signature of Authorized Officer or employee: **Jerry Schneider**
Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquette-adams coop,l=Oxford WI 53952, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Jerry Schneider**

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

Telephone number of Authorized Officer or employee: **608-586-4111**

Study Area Code of Reporting Carrier

330908

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **LAKELAND-MILLTOWN**

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

Digitally signed by John Klatt DN:cn=John Klatt,email=jkklatt@lakeland.ws,O=lakeland-milltown,l=Milltown WI 54858, Date:5/16/2014

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer or employee: **715-825-2171**

Study Area Code of Reporting Carrier

330910

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **NELSON TEL COOP**

Signature of Authorized Officer or employee: **Christy Berger**
Digitally signed by Christy Berger DN:cn=Christy Berger,email=christy@nelson-tel.net,O=nelson tel coop,l=Durand WI 54736-0228, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Christy Berger**

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

Telephone number of Authorized Officer or employee: **715-672-4204**

Study Area Code of Reporting Carrier

330918

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **NIAGARA TEL CO**

Signature of Authorized Officer or employee: **Roger Hermesen**
Digitally signed by Roger Hermesen DN:cn=Roger Hermesen,email=roger.hermesen@nsight.com,O=niagara tel co,l=Green Bay WI 54307-9079, Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer or employee: **920-617-7502**

Study Area Code of Reporting Carrier

330920

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **BAYLAND TEL, LLC**

Signature of Authorized Officer or employee: **Roger Hermesen**
Digitally signed by Roger Hermesen DN:cn=Roger Hermesen,email=roger.hermesen@nsight.com,O=bayland tel, llc,l=Green Bay WI 54307-9079, Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer or employee: **920-617-7502**

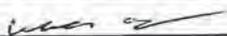
Study Area Code of Reporting Carrier	330925		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
--------------------------------------	---------------	--	--	------------------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Indiadhead Telephone Company	
Signature of authorized officer				Date	5/16/2014
Printed name of authorized officer		William Eckles			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(507) 526-3252			
Study Area Code of Reporting Carrier	330936	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: PRICE COUNTY TEL CO

Signature of Authorized Officer or employee: Catherine Mess

Digitally signed by Catherine Mess DN:cn=Catherine Mess,email=messc@pctcnet.net,O=price county tel co,l=Phillips WI 54555-0108, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer or employee: Catherine Mess

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 715-339-2151

Study Area Code of Reporting Carrier

330937

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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 TEL CO**

Signature of Authorized Officer or employee: **Roger Hermesen**
Digitally signed by Roger Hermesen DN:cn=Roger Hermesen,email=roger.hermesen@nsight.com,O=northeast tel co,l=Green Bay WI 54307-9079, Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer or employee: **920-617-7502**

Study Area Code of Reporting Carrier

330938

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **RICHLAND-GRANT COOP**

Signature of Authorized Officer or employee: **Brad Welp**

Digitally signed by Brad Welp DN:cn=Brad Welp,email=bradw@rgtc.coop,O=richland-grant coop,l= , Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Brad Welp**

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

Telephone number of Authorized Officer or employee: **608-537-2461**

Study Area Code of Reporting Carrier

330942

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: SHARON TEL CO

Signature of Authorized Officer or employee: Brad Ellefson

Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel co,l=Sharon WI 53585, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Brad Ellefson

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 262-736-9981

Study Area Code of Reporting Carrier

330946

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **SIREN TEL CO, INC**

Signature of Authorized Officer or employee: **Sid Sherstad**

Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel co, inc,l=Siren WI 54872-0426, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Sid Sherstad**

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

Telephone number of Authorized Officer or employee: **715-349-2224**

Study Area Code of Reporting Carrier

330949

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **SOMERSET TEL CO**

Signature of Authorized Officer or employee: **Michael Jensen**
Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel co,lc=, Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer or employee: **715-268-7101**

Study Area Code of Reporting Carrier

330951

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **SPRING VALLEY TEL CO**

Signature of Authorized Officer or employee: **Carol Anderson**
Digitally signed by Carol Anderson DN:cn=Carol Anderson,email=svtel@svtel.net,O=spring valley tel co,l=Spring Valley WI 54767, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Carol Anderson**

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

Telephone number of Authorized Officer or employee: **715-778-4433**

Study Area Code of Reporting Carrier

330953

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: TRI-COUNTY COMM COOP

Signature of Authorized Officer or employee: Cheryl Rue

Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tcc.coop,O=tri-county comm coop,I=Strum WI 54770, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Cheryl Rue

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 715-695-2691

Study Area Code of Reporting Carrier

330960

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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 TEL CO

Signature of Authorized Officer or employee: **Katherine Kehl**
Digitally signed by Katherine Kehl DN:cn=Katherine Kehl,email=kkehl@uniontel.net,O=union tel co,l=Plainfield WI 54966-0096, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Katherine Kehl

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

Telephone number of Authorized Officer or employee: 715-335-6301

Study Area Code of Reporting Carrier

330962

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **VERNON TEL COOP**

Signature of Authorized Officer or employee: **Rodney Olson**
Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vermontel.com,O=vernon tel coop,l=Westby WI 54667, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Rodney Olson**

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

Telephone number of Authorized Officer or employee: **608-634-7421**

Study Area Code of Reporting Carrier

330966

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **W. WISCONSIN TELCOM**

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

Digitally signed by Mark Stenseth DN:cn=Mark Stenseth,email=stenseth@wwt.coop,O=w. wisconsin telcom,l=Downsville WI 54735, Date:5/13/2014

Date: **5/13/2014**

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

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

Telephone number of Authorized Officer or employee: **715-664-8311**

Study Area Code of Reporting Carrier

330971

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **WITTENBERG TEL CO**

Signature of Authorized Officer or employee: **Linda Garbelman**
Digitally signed by Linda Garbelman DN:cn=Linda Garbelman,email=lgarbelman@wittenbergnet.net,O=wittenberg tel co,l=Wittenberg WI 54499, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Linda Garbelman**

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

Telephone number of Authorized Officer or employee: **715-253-2115**

Study Area Code of Reporting Carrier

330973

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **WOOD COUNTY TEL CO**

Signature of Authorized Officer or employee: **Gregory Krings**
Digitally signed by Gregory Krings DN:cn=Gregory Krings,email=krings@solarus.net,O=wood county tel co,l=Wisconsin Rapids WI 54495-8045, Date:5/14/2014

Date: **5/14/2014**

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

Title or position of Authorized Officer or employee: **Director of Finance**

Telephone number of Authorized Officer or employee: **715-421-8129**

Study Area Code of Reporting Carrier

330974

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **ADAMS TEL COOP**

Signature of Authorized Officer or employee: **James Broemmer Jr.**
Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbroemmer@adams.net,O=adams tel coop,I=Golden IL 62339, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **James Broemmer Jr.**

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

Telephone number of Authorized Officer or employee: **217-696-4411**

Study Area Code of Reporting Carrier

340976

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **ALHAMBRA-GRANTFORK**

Signature of Authorized Officer or employee: **Kevin Osterbur**
Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra-grantfork,|=Alhambra IL 62001-0207, Date:5/15/2014

Date: **5/15/2014**

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

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

Telephone number of Authorized Officer or employee: **618-488-2165**

Study Area Code of Reporting Carrier

340978

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: CAMBRIDGE TEL CO -IL

Signature of Authorized Officer or employee: **Scott Rubins**
Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=cambridge tel co -il,l=Geneseo IL 61254-0330, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Scott Rubins

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 309-944-2103

Study Area Code of Reporting Carrier

340983

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: CASS TEL CO

Signature of Authorized Officer or employee: Tom Allen

Digitally signed by Tom Allen DN:cn=Tom Allen,email=tomallen@casscomm.com,O=cass tel co,I=Virginia IL 62691, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer or employee: Tom Allen

Title or position of Authorized Officer or employee: Vice President/Chief Operating Officer

Telephone number of Authorized Officer or employee: 217-452-7800

Study Area Code of Reporting Carrier

340984

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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		CLARKSVILLE MUTUAL TEL CO	
Signature of authorized officer	<i>Patricia Rhoads</i>	Date	5-20-14
Printed name of authorized officer	PATRICIA RHOADS		
Title or position of authorized officer	SEC-TREAS		
Telephone number of authorized officer	217889, ext. 3822		
Study Area Code of Reporting Carrier	340990	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Crossville Telephone Company, Inc	
Signature of authorized officer		<i>Thomas D Rawlinson</i>		Date	5/15/2014
Printed name of authorized officer					
Thomas D. Rawlinson					
Title or position of authorized officer					
President					
Telephone number of authorized officer: (618) 966-2196					
Study Area Code of Reporting Carrier		340993	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **GENESEO TEL CO**

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

Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@genseo.net,O=genseo tel co,l=Genseo IL 61254-0330, Date:5/13/2014

Date: **5/13/2014**

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

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

Telephone number of Authorized Officer or employee: **309-944-2103**

Study Area Code of Reporting Carrier

341016

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier Glasford Telephone Co.			
Signature of authorized officer <i>Duane Goetze</i>		Date 5/14/2014	
Printed name of authorized officer Duane Goetze			
Title or position of authorized officer President			
Telephone number of authorized officer: (309) 389-5151, ext.			
Study Area Code of Reporting Carrier	341017	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: **GRAFTON TEL CO**

Signature of Authorized Officer or employee: **Leigh Sickinger**
Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger,email=lsickinger@gtec.net,O=grafon tel co,l=Grafton IL 62037, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Leigh Sickinger**

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

Telephone number of Authorized Officer or employee: **618-786-3400**

Study Area Code of Reporting Carrier

341020

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: GRANDVIEW MUTUAL TEL

Signature of Authorized Officer or employee: **Angela Tate**

Digitally signed by Angela Tate DN:cn=Angela Tate,email=gmtc@joink.com,O=grandview mutual tel, Inc., Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Angela Tate

Title or position of Authorized Officer or employee: Treasurer

Telephone number of Authorized Officer or employee: 217-946-4101

Study Area Code of Reporting Carrier

341021

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **GRIDLEY TEL CO**

Signature of Authorized Officer or employee: **Herb Flesher**

Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel co,l=Gridley IL 61744-0129, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Herb Flesher**

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

Telephone number of Authorized Officer or employee: **309-747-3780**

Study Area Code of Reporting Carrier

341023

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Hamilton County Telephone Co-op	
Signature of authorized officer			Date		5/19/14
Printed name of authorized officer				Kevin Pyle	
Title or position of authorized officer				GM/EVP	
Telephone number of authorized officer: 6187362211 ext.					
Study Area Code of Reporting Carrier		341024	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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 Shawnee Telephone Company			
Signature of authorized officer <i>James J. Coyle</i>	Date	5/13/2014	
Printed name of authorized officer James Coyle			
Title or position of authorized officer President			
Telephone number of authorized officer: (618) 276-4211			
Study Area Code of Reporting Carrier	341025	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: HENRY COUNTY TEL CO

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

Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=henry county tel co,l=Geneseo IL 61254-0330, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Scott Rubins

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 309-944-2103

Study Area Code of Reporting Carrier

341029

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Cert. # 50

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>Home Telephone Co.</i>		
Signature of authorized officer	<i>Eric Schmidt</i>	Date	<i>5/15/14</i>
Printed name of authorized officer	<i>Eric Schmidt</i>		
Title or position of authorized officer	<i>President</i>		
Telephone number of authorized officer	<i>(618) 644 2111 ext.</i>		
Study Area Code of Reporting Carrier	<i>341032</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: **KINSMAN MUTUAL TEL**

Signature of Authorized Officer or employee: **Michelle Baudino**
Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel,l=Kinsman IL 60437, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Michelle Baudino**

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

Telephone number of Authorized Officer or employee: **815-392-4210**

Study Area Code of Reporting Carrier

341041

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: LA HARPE TEL CO

Signature of Authorized Officer or employee: **Todd Irish**

Digitally signed by Todd Irish DN:cn=Todd Irish,email=todd@laharpetelephone.com,O=la harpe tel co,l=La Harpe IL 61450, Date:5/9/2014

Date: 5/9/2014

Printed name of Authorized Officer or employee: Todd Irish

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 217-659-7721

Study Area Code of Reporting Carrier

341043

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: LEAF RIVER TEL CO

Signature of Authorized Officer or employee: **Aaron Palmer**

Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lrnet1.com,O=leaf river tel co,l=Leaf River IL 61047, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Aaron Palmer

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 815-738-2216

Study Area Code of Reporting Carrier

341045

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Legnore Mutual Telephone Co., Inc	
Signature of authorized officer		Donna Naas		Date	5-20-14
Printed name of authorized officer				Donna Naas	
Title or position of authorized officer				Assistant Secretary	
Telephone number of authorized officer:				(815) 896-3164 ext.	
Study Area Code of Reporting Carrier		341046	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: **MCDONOUGH TEL COOP**

Signature of Authorized Officer or employee: **Jay Griswold**

Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jay@mdtc.net,O=mcdonough tel coop,l=Colchester IL 62326, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Jay Griswold**

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

Telephone number of Authorized Officer or employee: **309-776-3211**

Study Area Code of Reporting Carrier

341047

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

6/16/2014

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

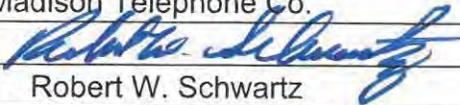
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to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

Name of Reporting Carrier				McNabb Telephone Company			
Signature of authorized officer				Date		5/12/2014	
Printed name of authorized officer				Roger Pletsch			
Title or position of authorized officer				President			
Telephone number of authorized officer:				(815) 882-2201			
Study Area Code of Reporting Carrier		341048		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

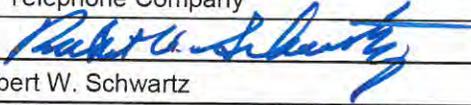
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Madison Telephone Co.	
Signature of authorized officer				Date	05/12/2014
Printed name of authorized officer		Robert W. Schwartz			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(618) 635-3214			
Study Area Code of Reporting Carrier	341049	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				Madison Telephone Company	
Signature of authorized officer				Date	10/23/2014
Printed name of authorized officer		Robert W. Schwartz			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(618) 635-1000 _{ext.}			
Study Area Code of Reporting Carrier		341049	Filing Due Date for this form (mm/dd/yyyy)	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: MARSEILLES TEL CO

Signature of Authorized Officer or employee: **Ann Dickerson**
Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=marseilles tel co,l=Metamora IL 61548-0800, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Ann Dickerson

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

Telephone number of Authorized Officer or employee: 309-367-4197

Study Area Code of Reporting Carrier

341050

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: METAMORA TEL CO

Signature of Authorized Officer or employee: **Ann Dickerson**
Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=metamora tel co,l=Metamora IL 61548-0800, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Ann Dickerson

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

Telephone number of Authorized Officer or employee: 309-367-4197

Study Area Code of Reporting Carrier

341053

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: MIDCENTURY TEL CO-OP

Signature of Authorized Officer or employee: **James Broemmer, Jr.**
Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jbroemmer@midcentury.com,O=midcentury tel co-op,l=Fairview IL 61432, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: James Broemmer, Jr.

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

Telephone number of Authorized Officer or employee: 309-778-8611

Study Area Code of Reporting Carrier	341054		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
--------------------------------------	--------	--	--	-----------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: <i>MONTROSE MUTUAL Tel. Co, INC</i>			
Signature of authorized officer: <i>George P. Jays</i>		Date:	<i>5-14-14</i>
Printed name of authorized officer: <i>George P. JAYS</i>			
Title or position of authorized officer: <i>Sec TREAS</i>			
Telephone number of authorized officer: <i>217-925-5242</i>			
Study Area Code of Reporting Carrier:	<i>34058</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2014</i>
Persons who make false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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		Moultrie Independent Telephone Company	
Signature of authorized officer		Date	5/12/2014
Printed name of authorized officer		Steven G. Bowers	
Title or position of authorized officer		President	
Telephone number of authorized officer:		(217) 873-5211	
Study Area Code of Reporting Carrier	341060	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 802, 803(b), or fine or 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 Windsor Telephone Company	
Signature of authorized officer: <i>Richard W. Ristau</i>	Date: 5/12/2014
Printed name of authorized officer: Richard Ristau	
Title or position of authorized officer: Secretary	
Telephone number of authorized officer: (309) 667-2712	
Study Area Code of Reporting Carrier: 341062	Filing Due Date for this form (mm/dd/yyyy): 6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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					Oneida Telephone Exchange						
Signature of authorized officer				<i>Gary Peterson</i>				Date		May 7, 2014	
Printed name of authorized officer				Gary Peterson							
Title or position of authorized officer				President							
Telephone number of authorized officer:				(309) 483-3111 ext.							
Study Area Code of Reporting Carrier			341066		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: REYNOLDS TEL CO, INC

Signature of Authorized Officer or employee: **Grace Ochsner**
Digitally signed by Grace Ochsner DN:cn=Grace Ochsner,email=wins1@reytel.net,O=reynolds tel co, inc,l=Reynolds IL 61279-0027, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Grace Ochsner

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 309-372-4490

Study Area Code of Reporting Carrier

341075

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

6/16/2014

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

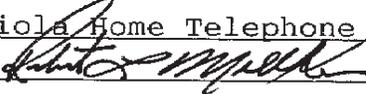
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to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

Name of Reporting Carrier <u>Tonica Telephone Company</u>			
Signature of authorized officer <u>Lloyd Vogel</u>		Date	<u>5/12/2014</u>
Printed name of authorized officer <u>Lloyd Vogel</u>			
Title or position of authorized officer <u>President</u>			
Telephone number of authorized officer <u>(815) 442-9901</u>			
Study Area Code of Reporting Carrier	<u>341086</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>06/16/2014</u>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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				Viola Home Telephone Co.					
Signature of authorized officer						Date		5/15/2014	
Printed name of authorized officer				Robert L. Millikan					
Title or position of authorized officer				President					
Telephone number of authorized officer:				309596-2222					
Study Area Code of Reporting Carrier			341087			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: **WABASH TEL COOP, INC**

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

Digitally signed by Jeff Williams DN:cn=Jeff Williams,email=jwilliams@wabash.net,O=wabash tel coop, inc,l=Louisville IL 62858-0299, Date:5/16/2014

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer or employee: **618-665-9925**

Study Area Code of Reporting Carrier

341088

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **WABASH TEL COOP, INC**

Signature of Authorized Officer or employee: **Jeff Williams**
Digitally signed by Jeff Williams DN:cn=Jeff Williams,email=jwilliams@wabash.net,O=wabash tel coop, inc,l=Louisville IL 62858-0299, Date:10/29/2014

Date: **10/29/2014**

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

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

Telephone number of Authorized Officer or employee: **618-665-9925**

Study Area Code of Reporting Carrier

341088

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: **WABASH TEL COOP, INC**

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

Digitally signed by Jeff Williams DN:cn=Jeff Williams,email=jwilliams@wabash.net,O=wabash tel coop, inc,l=Louisville IL 62858-0299, Date:12/23/2014

Date: **12/23/2014**

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

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

Telephone number of Authorized Officer or employee: **618-665-9925**

Study Area Code of Reporting Carrier

341088

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 Woodhull Telephone Company			
Signature of authorized officer <i>Gerald Krueger</i>		Date	5/15/2014
Printed name of authorized officer Gerald Krueger			
Title or position of authorized officer Vice-President			
Telephone number of authorized officer: (309) 334-2150			
Study Area Code of Reporting Carrier	34-1091	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Stelle Telephone Company	
Signature of authorized officer			Date		5/12/2014
Printed name of authorized officer			Tim Wilhelm		
Title or position of authorized officer			Secretary		
Telephone number of authorized officer:			(815) 256-2299 ext.		
Study Area Code of Reporting Carrier		341092	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: REASNOR TEL. CO.

Signature of Authorized Officer or employee: **Gary Neill**
Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=reasnor tel. co.,l= , Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Gary Neill

Title or position of Authorized Officer or employee: Consultant

Telephone number of Authorized Officer or employee: 402-477-1354

Study Area Code of Reporting Carrier

350739

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **ANDREW TEL CO INC**

Signature of Authorized Officer or employee: **JoAnne Gregorich**
Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel co inc,l=LaMotte IA 52054, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **JoAnne Gregorich**

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

Telephone number of Authorized Officer or employee: **563-773-2213**

Study Area Code of Reporting Carrier

351097

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **ARCADIA TEL CO**

Signature of Authorized Officer or employee: **Sheila Griffin**

Digitally signed by Sheila Griffin DN:cn=Sheila Griffin,email=sheilag@netins.net,O=arcadia tel co,l=Arcadia IA 51430, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Sheila Griffin**

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

Telephone number of Authorized Officer or employee: **712-689-2238**

Study Area Code of Reporting Carrier

351098

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **ATKINS TEL CO, INC**

Signature of Authorized Officer or employee: **Gerald Spaight**
Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel co, inc,l=Atkins IA 52206, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Gerald Spaight**

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

Telephone number of Authorized Officer or employee: **319-446-7331**

Study Area Code of Reporting Carrier	351101		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
--------------------------------------	---------------	--	--	------------------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **AYRSHIRE FARMERS MUT**

Signature of Authorized Officer or employee: **Donald Miller**
Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=ayrshire farmers mut,l=Ayrshire IA 50515-0248, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer or employee: **712-776-2222**

Study Area Code of Reporting Carrier

351105

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **ALPINE COMM.**

Signature of Authorized Officer or employee: **Chris Hopp**
Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine comm.,l=Elkader IA 52043, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Chris Hopp**

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

Telephone number of Authorized Officer or employee: **563-245-4480**

Study Area Code of Reporting Carrier

351106

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **BALDWIN-NASHVILLE**

Signature of Authorized Officer or employee: **Brian Rickels**

Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville,I=Baldwin IA 52207-0050, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer or employee: **Brian Rickels**

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

Telephone number of Authorized Officer or employee: **563-673-6001**

Study Area Code of Reporting Carrier

351107

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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 <i>Barnes City Cooperative Telephone Company</i>			
Signature of authorized officer <i>Doris M. Freeborn</i>		Date <i>05/07/2014</i>	
Printed name of authorized officer <i>Doris M. Freeborn</i>			
Title or position of authorized officer <i>Secretary / Treasurer</i>			
Telephone number of authorized officer <i>644 644 5244</i>			
Study Area Code of Reporting Carrier	<i>35-1108</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: **BERNARD TEL CO INC**

Signature of Authorized Officer or employee: **Kyle Manders**
Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel co inc,l=Bernard IA 52032-0068, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Kyle Manders**

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

Telephone number of Authorized Officer or employee: **563-879-3203**

Study Area Code of Reporting Carrier

351110

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **BREDA TEL CORP.**

Signature of Authorized Officer or employee: **Jane Morlok**
Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=breda tel corp.,l=Breda IA 51436-0190, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Jane Morlok**

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

Telephone number of Authorized Officer or employee: **712-673-8101**

Study Area Code of Reporting Carrier

351112

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Brooklyn Mutual Telecommunications Cooperative	
Signature of authorized officer		<i>Tim Atkinson</i>		Date	5/13/2014
Printed name of authorized officer		Tim Atkinson			
Title or position of authorized officer		General Manager & Compliance Officer			
Telephone number of authorized officer:		(641) 522-9211			
Study Area Code of Reporting Carrier	351113	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **TITONKA-BURT (BURT)**

Signature of Authorized Officer or employee: **Vicky Nelson**

Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt (burt),l=Titonka IA 50480-0321, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Vicky Nelson**

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

Telephone number of Authorized Officer or employee: **515-928-2110**

Study Area Code of Reporting Carrier

351114

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: BUTLER-BREMER MUTUAL

Signature of Authorized Officer or employee: **Richard McBurney**
Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=butler-bremer mutual,l=Plainfield IA 50666-0099, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer or employee: Richard McBurney

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 319-276-4458

Study Area Code of Reporting Carrier

351115

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **CASCADE COMM. CO.**

Signature of Authorized Officer or employee: **David Gibson**

Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade comm. co.,l=Cascade IA 52033-0250, Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer or employee: **563-852-3710**

Study Area Code of Reporting Carrier

351118

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **CASEY MUTUAL TEL CO**

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

Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel co,l=Casey IA 50048, Date:5/20/2014

Date: **5/20/2014**

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

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

Telephone number of Authorized Officer or employee: **641-746-2222**

Study Area Code of Reporting Carrier

351119

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

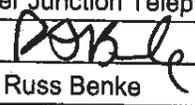
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Center Junction Telephone Company Inc.	
Signature of authorized officer				Date	5/07/2014
Printed name of authorized officer		Russ Benke			
Title or position of authorized officer		Chief Operating Officer			
Telephone number of authorized officer:		(563) 487-2631			
Study Area Code of Reporting Carrier	351121	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons 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: **CENTRAL SCOTT TEL CO**

Signature of Authorized Officer or employee: **Kent Dau**

Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@centralscott.com,O=central scott tel co,l=Eldridge IA 52748, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Kent Dau**

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

Telephone number of Authorized Officer or employee: **563-285-9611**

Study Area Code of Reporting Carrier

351125

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

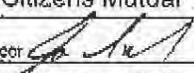
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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 Mutual Telephone Cooperative			
Signature of authorized officer: 		Date:	May 12, 2014
Printed name of authorized officer: Joe Snyder			
Title or position of authorized officer: General Manager			
Telephone number of authorized officer: (641) 664-2074			
Study Area Code of Reporting Carrier:	351129	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: CLARENCE TEL CO

Signature of Authorized Officer or employee: Curtis Eldred

Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=cpeldre@netins.net,O=clarence tel co,l=Clarence IA 52216, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer or employee: Curtis Eldred

Title or position of Authorized Officer or employee: Manager

Telephone number of Authorized Officer or employee: 563-452-3852

Study Area Code of Reporting Carrier

351130

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: CLEAR LAKE INDEPEND

Signature of Authorized Officer or employee: **Thomas Lovell**
Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=clear lake independ,l=Clear Lake IA 50428-0066, Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer or employee: Thomas Lovell

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

Telephone number of Authorized Officer or employee: 641-357-2111

Study Area Code of Reporting Carrier

351132

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: C-M-L TEL COOP ASSN

Signature of Authorized Officer or employee: **Bruce Johnson**
Digitally signed by Bruce Johnson DN:cn=Bruce Johnson,email=cmltelco@netins.net,O=c-m-l tel coop assn,l=Meriden IA 51037-0018, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer or employee: Bruce Johnson

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

Telephone number of Authorized Officer or employee: 712-443-8222

Study Area Code of Reporting Carrier

351133

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Colo Telephone Company	
Signature of authorized officer		<i>Larry W. Springer</i>		Date	5-9-2014
Printed name of authorized officer		Larry W. Springer			
Title or position of authorized officer		General Manager & CEO			
Telephone number of authorized officer: (641) 377-2202 ext.					
Study Area Code of Reporting Carrier	351134	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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		Coon Creek Telephone Co.	
Signature of authorized officer	<i>Duane Andrew</i>	Date	5-14-14
Printed name of authorized officer		Duane Andrew	
Title or position of authorized officer		General Manager/CEO	
Telephone number of authorized officer:		(319) 454-6234	
Study Area Code of Reporting Carrier	351136	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Transmittal No. 1423

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				Coop Valley Cooperative Telephone Assn. Inc.			
Signature of authorized officer			Date		5-7-14		
Printed name of authorized officer				Jim Nelson			
Title or position of authorized officer				General Manager			
Telephone number of authorized officer: () - , ext.				641-524-2111			
Study Area Code of Reporting Carrier		351137		Filing Date for this form (mm/dd/yyyy)		6/18/2014	
Persons 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				Cooperative Telephone Company	
Signature of authorized officer		<i>Scott A. Schabacker</i>		Date	5-15-2014
Printed name of authorized officer		Scott A. Schabacker			
Title or position of authorized officer		Chief Operating Officer			
Telephone number of authorized officer:		(319) 647-3131 ext.			
Study Area Code of Reporting Carrier	351139	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **CORN BELT TEL CO**

Signature of Authorized Officer or employee: **Larry Nepl**

Digitally signed by Larry Nepl DN:cn=Larry Nepl,email=cornbelt@netins.net,O=corn belt tel co,l=Wall Lake IA 51466, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Larry Nepl**

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

Telephone number of Authorized Officer or employee: **712-664-2499**

Study Area Code of Reporting Carrier

351141

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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		Cumberland Telephone Company	
Signature of authorized officer	<i>Ronald Benton</i>	Date	May 7, 2014
Printed name of authorized officer		Ronald Benton	
Title or position of authorized officer		President	
Telephone number of authorized officer:		(712) 774-2221	
Study Area Code of Reporting Carrier	351146	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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		Danville Mutual Telephone Company	
Signature of authorized officer		Date	5/7/2014
Printed name of authorized officer		Timothy J. Fenel	
Title or position of authorized officer		General Manager & CEO	
Telephone number of authorized officer:		(319) 392-4251	
Study Area Code of Reporting Carrier	351147	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FARMERS (DEFIANCE)**

Signature of Authorized Officer or employee: **Thomas Conry**
Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (defiance),I=Harlan IA 51537-0311, Date:5/7/2014

Date: **5/7/2014**

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

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

Telephone number of Authorized Officer or employee: **712-744-3131**

Study Area Code of Reporting Carrier

351149

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

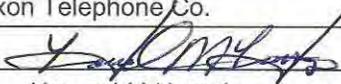
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Dixon Telephone Co.			
Signature of authorized officer					Date		05/15/2014
Printed name of authorized officer			Howard M Hunt Jr.				
Title or position of authorized officer			Manager				
Telephone number of authorized officer: (563) 843-2901 ext.							
Study Area Code of Reporting Carrier		351150		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **DUMONT TEL CO**

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

Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@netins.net,O=dumont tel co,l=Dumont IA 50625-0349, Date:5/7/2014

Date: **5/7/2014**

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

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

Telephone number of Authorized Officer or employee: **641-857-3211**

Study Area Code of Reporting Carrier

351152

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Dunkerton Telephone Cooperative	
Signature of authorized officer		Sue Bruns		Date	5-8-14
Printed name of authorized officer					
Sue Bruns					
Title or position of authorized officer					
CED					
Telephone number of authorized officer: 39824572 ext.					
Study Area Code of Reporting Carrier		351153		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: EAST BUCHANAN COOP

Signature of Authorized Officer or employee: **Butch Rorabaugh**
Digitally signed by Butch Rorabaugh DN:cn=Butch Rorabaugh,email=butch.rorabaugh@eastbuchanan.com,O=east buchanan coop,l=Winthrop IA 50682, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer or employee: Butch Rorabaugh

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 319-935-3011

Study Area Code of Reporting Carrier

351156

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Ellsworth Cooperative Telephone Association	
Signature of authorized officer			Date		5-19-2014
Printed name of authorized officer					
Dave Clark					
Title or position of authorized officer					
President					
Telephone number of authorized officer: (515) 836-4431 ext.					
Study Area Code of Reporting Carrier		351157	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **MINBURN TELECOMM.**

Signature of Authorized Officer or employee: **Debra Lucht**
Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecomm.,l=Minburn IA 50167, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Debra Lucht**

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

Telephone number of Authorized Officer or employee: **515-677-2264**

Study Area Code of Reporting Carrier

351158

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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		F&B Communications, Inc.	
Signature of authorized officer	<i>Charles Freese</i>	Date	5/7/2014
Printed name of authorized officer		Charles Freese	
Title or position of authorized officer		Secretary/Treasurer	
Telephone number of authorized officer: (563) 374-1236 ext.			
Study Area Code of Reporting Carrier	351160	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier		FARMERS COOPERATIVE TELEPHONE COMPANY	
Signature of authorized officer	<i>Wade Wilson</i>	Date	5/16/14
Printed name of authorized officer		WADE WILSON	
Title or position of authorized officer		BOARD PRESIDENT	
Telephone number of authorized officer: 319-476-7800			
Study Area Code of Reporting Carrier	351162	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FARMERS & MERCHANTS**

Signature of Authorized Officer or employee: **Rex McGuire**

Digitally signed by Rex McGuire DN:cn=Rex McGuire, email=manager@farmtel.com, O=farmers & merchants, l=Wayland IA 52654-0247, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Rex McGuire**

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

Telephone number of Authorized Officer or employee: **319-256-2736**

Study Area Code of Reporting Carrier

351166

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop,l=Harlan IA 51537-0311, Date:5/7/2014

Date: **5/7/2014**

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

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

Telephone number of Authorized Officer or employee: **712-744-3131**

Study Area Code of Reporting Carrier

351168

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Tammy Wheeler**
Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop,l=Moulton IA 52572, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer or employee: **641-642-3249**

Study Area Code of Reporting Carrier

351169

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Tony Lang**

Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual jesup,l=Jesup IA 50648-0249, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer or employee: **Tony Lang**

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

Telephone number of Authorized Officer or employee: **319-827-1151**

Study Area Code of Reporting Carrier

351171

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Farmers Mutual Telephone Company			
Signature of authorized officer			Date		5/12/14		
Printed name of authorized officer				Ronald G. Landrum Jr			
Title or position of authorized officer				President CEO			
Telephone number of authorized officer: (415) 791-2531, ext.							
Study Area Code of Reporting Carrier		35172		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Mark Harrison**
Digitally signed by Mark Harrison DN:cn=Mark Harrison,email=mharrison@fmtcs.com,O=farmers mutual coop,l=Shellsburg IA 52332, Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer or employee: **319-436-2224**

Study Area Code of Reporting Carrier

351173

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Kevin Cabbage**
Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=farmers mutual tel,l=Stanton IA 51573-0220, Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **712-829-2111**

Study Area Code of Reporting Carrier

351174

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

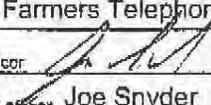
6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier		Farmers Telephone - Batavia	
Signature of authorized officer		Date	May 12, 2014
Printed name of authorized officer	Joe Snyder		
Title or position of authorized officer	General Manager		
Telephone number of authorized officer	(641) 664-2074 ext.		
Study Area Code of Reporting Carrier	351175	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier: Farmers Telephone Company			
Signature of authorized officer: <i>Tim R Hill</i>		Date:	05/07/2014
Printed name of authorized officer: Tim R Hill			
Title or position of authorized officer: General Manager			
Telephone number of authorized officer: (712) 379-3001			
Study Area Code of Reporting Carrier:	351176	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 Telephone Company			
Signature of authorized officer			Date		5/12/14		
Printed name of authorized officer				Ronald G. Landner, Jr.			
Title or position of authorized officer				President CEO			
Telephone number of authorized officer: (411) 49-2531, ext.							
Study Area Code of Reporting Carrier		351177		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **FENTON CO-OP TEL CO**

Signature of Authorized Officer or employee: **Steven Longhenry**
Digitally signed by Steven Longhenry DN:cn=Steven Longhenry,email=fnfn@netins.net,O=fenton co-op tel co,l=Fenton IA 50539, Date:5/20/2014

Date: **5/20/2014**

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

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

Telephone number of Authorized Officer or employee: **515-889-2785**

Study Area Code of Reporting Carrier

351179

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: PARTNER COMM. COOP.

Signature of Authorized Officer or employee: Arthur Cooper

Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=coop@pcctel.net,O=partner comm. coop.,l= , Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer or employee: Arthur Cooper

Title or position of Authorized Officer or employee: Board President

Telephone number of Authorized Officer or employee: 641-498-7701

Study Area Code of Reporting Carrier

351187

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Goldfield Telephone Company			
Signature of authorized officer			Date		5/16/14		
Printed name of authorized officer				Troy Seaba			
Title or position of authorized officer				Secy			
Telephone number of authorized officer: () - . ext.				515 825-3766			
Study Area Code of Reporting Carrier		351188		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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					River Valley Telecommunications Coop				
Signature of authorized officer			<i>Donald W Mahan</i>			Date		05/19/2014	
Printed name of authorized officer					Donald Mahan				
Title or position of authorized officer					Vice-President				
Telephone number of authorized officer:					(712) 859-3300				
Study Area Code of Reporting Carrier		351189		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Grand Mound Cooperative Telephone Association	
Signature of authorized officer		<i>Terri Bumann</i>		Date	May 8, 2014
Printed name of authorized officer		Terri Bumann			
Title or position of authorized officer		CFO			
Telephone number of authorized officer:		(563) 847-3002 ext			
Study Area Code of Reporting Carrier	35-1191	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		Grismold Cooperative Telephone Co.	
Signature of authorized officer		Date 5/7/14	
Printed name of authorized officer		Robert A. Drogo	
Title or position of authorized officer		Executive Vice President	
Telephone number of authorized officer:		712.778.2121, ext.	
Study Area Code of Reporting Carrier	35-1195	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Hawkeye Telephone Co	
Signature of authorized officer					Date
Printed name of authorized officer			Jeffrey T Rhode		5/15/2014
Title or position of authorized officer			Compliance Officer / General Manager		
Telephone number of authorized officer:			563-427-3222		
			() - - , ext.		
Study Area Code of Reporting Carrier		351199	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: **HOSPERS TEL EXCH INC**

Signature of Authorized Officer or employee: **David Raak**

Digitally signed by David Raak DN:cn=David Raak,email=dave@hosperstel.com,O=hospers tel exch inc,l=Hospers IA 51238, Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer or employee: **712-752-8100**

Study Area Code of Reporting Carrier

351202

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: HUBBARD COOP ASSN

Signature of Authorized Officer or employee: David Lowe

Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop assn,I=Hubbard IA 50122-0428, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer or employee: David Lowe

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 641-864-2216

Study Area Code of Reporting Carrier

351203

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: HUXLEY COMM. COOP.

Signature of Authorized Officer or employee: **Gary Clark**
Digitally signed by Gary Clark DN:cn=Gary Clark,email=garyc@huxleycommunications.net,O=huxley comm. coop.,l=Huxley IA 50124-0036, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer or employee: Gary Clark

Title or position of Authorized Officer or employee: General Manager and Executive VP

Telephone number of Authorized Officer or employee: 515-597-2281

Study Area Code of Reporting Carrier

351205

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: IAMO TEL CO - IA

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

Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iama tel co - ia,I=Coin IA 51636, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Jack Jones

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 712-583-3232

Study Area Code of Reporting Carrier

351206

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **INTERSTATE 35 TEL CO**

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

Digitally signed by Mike Weis DN:cn=Mike Weis,email=mikew@interstatecom.com,O=interstate 35 tel co,l=Truro IA 50257-0229, Date:5/20/2014

Date: **5/20/2014**

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

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

Telephone number of Authorized Officer or employee: **641-765-4201**

Study Area Code of Reporting Carrier

351209

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **KALONA COOP TEL CO**

Signature of Authorized Officer or employee: **Casey Peck**

Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey@kctc.net,O=kalona coop tel co,l=Kalona IA 52247-1208, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Casey Peck**

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

Telephone number of Authorized Officer or employee: **319-656-3668**

Study Area Code of Reporting Carrier

351214

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Keystone Farmers Loop Telephone Company			
Signature of authorized officer			Byron Kimm		Date		5-9-14
Printed name of authorized officer				Byron Kimm			
Title or position of authorized officer				General Manager			
Telephone number of authorized officer:				319412 324 (ext.)			
Study Area Code of Reporting Carrier		351217		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: **LA PORTE CITY TEL CO**

Signature of Authorized Officer or employee: **Chris Hopp**

Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel co,l=Elkader IA 52043, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Chris Hopp**

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

Telephone number of Authorized Officer or employee: **563-245-4480**

Study Area Code of Reporting Carrier

351220

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **LA MOTTE TEL CO**

Signature of Authorized Officer or employee: **JoAnne Gregorich**
Digitally signed by JoAnne Gregorich DN: cn=JoAnne Gregorich, email=joanne@lamotte-telco.com, O=la motte tel co, I=LaMotte IA 52054, Date: 5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **JoAnne Gregorich**

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

Telephone number of Authorized Officer or employee: **563-773-2213**

Study Area Code of Reporting Carrier

351222

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **LEHIGH VALLEY COOP**

Signature of Authorized Officer or employee: **Jim Suchan**

Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop,l=Lehigh IA 50557-0137, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Jim Suchan**

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

Telephone number of Authorized Officer or employee: **515-359-2211**

Study Area Code of Reporting Carrier

351225

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

6/16/2014

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

May. 15. 2014 1:13PM NORTH STAR BANK RINGSTED

No. 0222 APPENDIX C EXHIBIT 2

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		Lone Rock Coop Tel. Co.	
Signature of authorized officer	<i>Roger P. Jensen</i>	Date	5-16-14
Printed name of authorized officer		Roger P. Jensen	
Title or position of authorized officer		President	
Telephone number of authorized officer:		515/925-3459 ext.	
Study Area Code of Reporting Carrier	351228	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **LOST NATION-ELWOOD**

Signature of Authorized Officer or employee: **Kelly Johnson**

Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kjohnson@lnetelco.com,O=lost nation-elwood,I=Lost Nation IA 52254, Date:5/16/2014

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer or employee: **563-678-2470**

Study Area Code of Reporting Carrier

351229

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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 Iowa Telephone Company			
Signature of authorized officer					Date		5/12/14
Printed name of authorized officer				David Byers			
Title or position of authorized officer				Assistant Secretary/General Manager			
Telephone number of authorized officer:				(563) 539-2122 ext			
Study Area Code of Reporting Carrier		351230		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014	
Persons 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: LYNNVILLE TEL. CO.

Signature of Authorized Officer or employee: Gary Neill

Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=lynnville tel. co.,l= , Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Gary Neill

Title or position of Authorized Officer or employee: Consultant

Telephone number of Authorized Officer or employee: 402-477-1354

Study Area Code of Reporting Carrier

351232

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FARMERS (MANILLA)**

Signature of Authorized Officer or employee: **Thomas Conry**
Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (manilla),l=Harlan IA 51537-0311, Date:5/7/2014

Date: **5/7/2014**

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

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

Telephone number of Authorized Officer or employee: **712-744-3131**

Study Area Code of Reporting Carrier	351235		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
--------------------------------------	---------------	--	--	------------------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **MARNE & ELK HORN TEL**

Signature of Authorized Officer or employee: **Janell Hansen**

Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=marne & elk horn tel,l=Elk Horn IA 51531, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer or employee: **Janell Hansen**

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

Telephone number of Authorized Officer or employee: **712-764-6161**

Study Area Code of Reporting Carrier

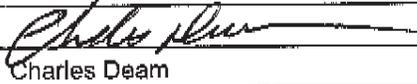
351237

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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(c) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier: Martelle Cooperative Telephone Association			
Signature of authorized officer: 		Date:	5-14-2014
Printed name of authorized officer: Charles Deam			
Title or position of authorized officer: President			
Telephone number of authorized officer: (319) 482-2381			
Study Area Code of Reporting Carrier:	351238	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **MASSENA TEL CO**

Signature of Authorized Officer or employee: **Kathleen Foster**
Digitally signed by Kathleen Foster DN:cn=Kathleen Foster,email=kfoster@netins.net,O=massena tel co,l=Massena IA 50853, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Kathleen Foster**

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

Telephone number of Authorized Officer or employee: **712-779-2227**

Study Area Code of Reporting Carrier

351239

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: Mechanicsville Telephone Company			
Signature of authorized officer: <i>Robert G. Horner</i>	Date:	5-13-2014	
Printed name of authorized officer: Robert G. Horner			
Title or position of authorized officer: Sec. Tres.			
Telephone number of authorized officer: (563) 432-7221			
Study Area Code of Reporting Carrier	351241	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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(a) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Miles Cooperative Telephone Association	
Signature of authorized officer		<i>Donald Bales</i>		Date	05/09/2014
Printed name of authorized officer		Donald Bales			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(563) 682-7111 ext.			
Study Area Code of Reporting Carrier	351242	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **MINBURN TEL CO**

Signature of Authorized Officer or employee: **Debra Lucht**

Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn tel co,l=Minburn IA 50167, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Debra Lucht**

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

Telephone number of Authorized Officer or employee: **515-677-2264**

Study Area Code of Reporting Carrier

351245

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **MINERVA VALLEY TEL**

Signature of Authorized Officer or employee: **Levi Bappe**

Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=mvity@netins.net,O=minerva valley tel,l=Zearing IA 50278-0176, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Levi Bappe**

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

Telephone number of Authorized Officer or employee: **641-487-7399**

Study Area Code of Reporting Carrier

351246

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **MODERN COOP TEL CO**

Signature of Authorized Officer or employee: **Jeffrey Brower**
Digitally signed by Jeffrey Brower DN:cn=Jeffrey Brower,email=jbrower@netins.net,O=modern coop tel co,l=South English IA 52335, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer or employee: **Jeffrey Brower**

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

Telephone number of Authorized Officer or employee: **319-667-2375**

Study Area Code of Reporting Carrier

351247

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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				Mutual Telephone Company of Morning Sun			
Signature of authorized officer			Date				
Printed name of authorized officer			Kandy Fook				
Title or position of authorized officer			Supt. Vice President				
Telephone number of authorized officer:			301.887.136 ext.				
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014			
Persons 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, 503(b), or fine or 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: **MEDIAPOLIS TEL CO**

Signature of Authorized Officer or employee: **William Malcom**
Digitally signed by William Malcom DN:cn=William Malcom,email=bmalcom@mepotelco.net,O=mediapolis tel co,l=Mediapolis IA 52637, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **William Malcom**

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

Telephone number of Authorized Officer or employee: **319-394-3456**

Study Area Code of Reporting Carrier

351251

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: **MUTUAL TEL CO**

Signature of Authorized Officer or employee: **Doug Boone**
Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=mual tel co,l=Sioux Center IA 51250, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Doug Boone**

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

Telephone number of Authorized Officer or employee: **712-722-3451**

Study Area Code of Reporting Carrier

351252

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

6/16/2014

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