

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				James Valley Cooperative Telephone Company	
Signature of authorized officer		<i>James Groft</i>		Date	5/14/14
Printed name of authorized officer		James Groft			
Title or position of authorized officer		CEO			
Telephone number of authorized officer: (605) 397-2323 ext.					
Study Area Code of Reporting Carrier	391664	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Name of Reporting Carrier: **JEFFERSON TEL CO -SD**

Signature of Authorized Officer or employee: **Tom Connors**

Digitally signed by Tom Connors DN:cn=Tom Connors,email=tomc@longlines.biz,O=jefferson tel co -sd,l=Jefferson SD 57038-0128, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer or employee: **605-966-5631**

Study Area Code of Reporting Carrier

391666

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

6/16/2014

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Name of Reporting Carrier: **GOLDEN WEST-KADOKA**

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

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-kadoka,I=Wall SD 57790-0411, Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

391667

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

6/16/2014

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

Signature of Authorized Officer or employee: **Rod Bowar**

Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=knbctel@kennebectelephone.com,O=kennebec tel co,l=Kennebec SD 57544, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Rod Bowar**

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

Telephone number of Authorized Officer or employee: **605-869-2220**

Study Area Code of Reporting Carrier

391668

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

6/16/2014

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Name of Reporting Carrier: **TRIOTEL COMM-MCCOOK**

Signature of Authorized Officer or employee: **Bryan Roth**

Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm-mccook,I=Salem SD 57058-0630, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Bryan Roth**

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

Telephone number of Authorized Officer or employee: **605-425-2238**

Study Area Code of Reporting Carrier

391669

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

6/16/2014

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Name of Reporting Carrier: MIDSTATE COMM., INC.

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

Digitally signed by Mark Benton DN:cn=Mark Benton,email=mark@midstaff.net,O=midstate comm., inc.,l=Kimball SD 57355, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Mark Benton

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 605-778-6221

Study Area Code of Reporting Carrier

391670

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

6/16/2014

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Name of Reporting Carrier: WEST RIVER(MOBRIDGE)

Signature of Authorized Officer or employee: **Bonnie Krause**

Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=west river(mobridge),l=Hazen ND 58545-0467, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Bonnie Krause

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

Telephone number of Authorized Officer or employee: 701-748-4221

Study Area Code of Reporting Carrier

391671

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

6/16/2014

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

Signature of Authorized Officer or employee: **Scott Bostrom**
Digitally signed by Scott Bostrom DN:cn=Scott Bostrom,email=sbostrom@tnics.com,O=roberts county coop,l=New Effington SD 57255-0197, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer or employee: **605-637-5211**

Study Area Code of Reporting Carrier

391674

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

6/16/2014

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

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Name of Reporting Carrier: **SANTEL COMM. COOP.**

Signature of Authorized Officer or employee: **Ryan Thompson**
Digitally signed by Ryan Thompson DN:cn=Ryan Thompson,email=rthompson@santel.net,O=santel comm. coop.,l=Woonsocket SD 57385-0067, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Ryan Thompson**

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

Telephone number of Authorized Officer or employee: **605-796-8143**

Study Area Code of Reporting Carrier

391676

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

6/16/2014

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

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Name of Reporting Carrier: **GOLDEN WEST-SIOUX VY**

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

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-sioux vy,l=Wall SD 57790-0411, Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

391677

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

6/16/2014

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Name of Reporting Carrier: Interstate Telecommunications Cooperative, Inc			
Signature of authorized officer: <i>Warren Brandlee</i>	Date:		<i>5/8/14</i>
Printed name of authorized officer: Warren Brandlee			
Title or position of authorized officer: President			
Telephone number of authorized officer: (605) 874-2181			
Study Area Code of Reporting Carrier	391679	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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Name of Reporting Carrier: **VENTURE COMM. COOP**

Signature of Authorized Officer or employee: **Randy Houdek**
Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture comm. coop,l=Highmore SD 57345-0157, Date:5/15/2014

Date: **5/15/2014**

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

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

Telephone number of Authorized Officer or employee: **605-852-1111**

Study Area Code of Reporting Carrier

391680

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

6/16/2014

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Name of Reporting Carrier: **TRIOTEL COMM(TRI-C)**

Signature of Authorized Officer or employee: **Bryan Roth**
Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm(tri-c),l=Salem SD 57058-0630, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Bryan Roth**

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

Telephone number of Authorized Officer or employee: **605-425-2238**

Study Area Code of Reporting Carrier

391682

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

6/16/2014

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Name of Reporting Carrier: **GOLDEN WEST-UNION**

Signature of Authorized Officer or employee: **Dennis Law**
Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-union,I=Wall SD 57790-0411, Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

391684

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

6/16/2014

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Name of Reporting Carrier: VALLEY TELECOMM.

Signature of Authorized Officer or employee: Darin LaCoursiere	Digitally signed by Darin LaCoursiere DN:cn=Darin LaCoursiere,email=darin@valleytel.net,O=valley telecomm.,l=Herreid SD 57632-0007, Date:5/14/2014	Date: 5/14/2014
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Printed name of Authorized Officer or employee: Darin LaCoursiere

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

Telephone number of Authorized Officer or employee: 605-437-2615

Study Area Code of Reporting Carrier	391685		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Name of Reporting Carrier: **GOLDEN WEST-VIVIAN**

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

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-vivian,serial=57790-0411, Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

391686

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

6/16/2014

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

Signature of Authorized Officer or employee: **Randy Houdek**
Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=western tel co.,l=Highmore SD 57345-0157, Date:5/15/2014

Date: **5/15/2014**

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

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

Telephone number of Authorized Officer or employee: **605-852-1111**

Study Area Code of Reporting Carrier

391688

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

6/16/2014

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Name of Reporting Carrier: **WEST RIVER COOP**

Signature of Authorized Officer or employee: **Reed Metzger**
Digitally signed by Reed Metzger DN:cn=Reed Metzger,email=rmetzger@wrctc.coop,O=west river coop,l=Bison SD 57620, Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **605-244-5213**

Study Area Code of Reporting Carrier

391689

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

6/16/2014

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Name of Reporting Carrier Arkansas Telephone Company			
Signature of authorized officer	<i>Randy McCaslin</i>	Date	05/20/2014
Printed name of authorized officer Randy McCaslin			
Title or position of authorized officer PRESIDENT			
Telephone number of authorized officer: (501) 745-2114 , ext.			
Study Area Code of Reporting Carrier	401692	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
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Name of Reporting Carrier: **CENTRAL ARKANSAS TEL**

Signature of Authorized Officer or employee: **Shirley Kinnaid**
Digitally signed by Shirley Kinnaid DN:cn=Shirley Kinnaid,email=shirley@catc.net,O=central arkansas tel,l=Bismarck AR 71929-0130, Date:5/15/2014

Date: **5/15/2014**

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

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

Telephone number of Authorized Officer or employee: **501-865-3212**

Study Area Code of Reporting Carrier

401697

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

6/16/2014

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Name of Reporting Carrier: **SOUTH ARKANSAS TEL**

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

Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel,l=Sheridan AR 72150, Date:5/16/2014

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer or employee: **870-942-4344**

Study Area Code of Reporting Carrier

401702

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

6/16/2014

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Name of Reporting Carrier: **LAVACA TEL CO-AR**

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

Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ar,l=Lavaca AR 72941-0230, Date:5/20/2014

Date: **5/20/2014**

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

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

Telephone number of Authorized Officer or employee: **479-674-2211**

Study Area Code of Reporting Carrier

401704

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Tom Shrum**

Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel,l=Huntsville AR 72740, Date:5/15/2014

Date: **5/15/2014**

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

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

Telephone number of Authorized Officer or employee: **479-738-2121**

Study Area Code of Reporting Carrier

401709

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Digitally signed by Kathy Stone DN:cn=Kathy Stone,email=magtel@magtel.com,O=magazine tel co,l=Magazine AR 72943, Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **479-969-2211**

Study Area Code of Reporting Carrier

401710

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: MOUNTAIN VIEW TEL CO

Signature of Authorized Officer or employee: Anne Schuhknecht

Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=mountain view tel co,l=Mountain Home AR 72654-1970, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Anne Schuhknecht

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

Telephone number of Authorized Officer or employee: 870-425-3100

Study Area Code of Reporting Carrier

401712

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NORTH ARKANSAS TEL**

Signature of Authorized Officer or employee: **Steven Sanders, Jr.**
Digitally signed by Steven Sanders, Jr. DN:cn=Steven Sanders, Jr.,email=steven@natconet.com,O=north arkansas tel,l=Flippin AR 72634-0209, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Steven Sanders, Jr.**

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

Telephone number of Authorized Officer or employee: **870-453-9273**

Study Area Code of Reporting Carrier

401713

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: PRAIRIE GROVE TEL CO

Signature of Authorized Officer or employee: Rick Reed

Digitally signed by Rick Reed DN:cn=Rick Reed,email=treed@pgtc.com,O=prairie grove tel co,l=Prairie Grove AR 72753-1010, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Rick Reed

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 479-846-7200

Study Area Code of Reporting Carrier

401718

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Rice Belt Telephone Company Inc.			
Signature of authorized officer			<i>Darby A. McCarty</i>		Date		05/13/2014
Printed name of authorized officer			Darby A. McCarty				
Title or position of authorized officer			President				
Telephone number of authorized officer: (812) 876-2211 ext.							
Study Area Code of Reporting Carrier		401721		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **E RITTER TEL CO**

Signature of Authorized Officer or employee: **John Strode**
Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=e ritter tel co,l=Jonesboro AR 72403, Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **870-336-2345**

Study Area Code of Reporting Carrier

401722

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SW ARKANSAS TEL COOP**

Signature of Authorized Officer or employee: **Tina Moore**

Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=sw arkansas tel coop,l= , Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Tina Moore**

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

Telephone number of Authorized Officer or employee: **870-653-8222**

Study Area Code of Reporting Carrier

401724

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **John Strode**
Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=tri-county tel co-ar,l=Jonesboro AR 72403, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: John Strode

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 870-336-2345

Study Area Code of Reporting Carrier

401726

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: WALNUT HILL TEL CO

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

Date: 5/19/2014

Printed name of Authorized Officer or employee: Deborah Nobles

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

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

Study Area Code of Reporting Carrier

401729

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **YELCOT TEL CO INC**

Signature of Authorized Officer or employee: **Anne Schuhknecht**
Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=yelcot tel co inc,l=Mountain Home AR 72654-1970, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Anne Schuhknecht**

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

Telephone number of Authorized Officer or employee: **870-425-3100**

Study Area Code of Reporting Carrier	401733		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ARKWEST COMM., INC.**

Signature of Authorized Officer or employee: **P. Sanders**
Digitally signed by P. Sanders DN:cn=P. Sanders,email=ptjr@arkwest.com,O=arkwest comm., inc.,l=Danville AR 72833, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **P. Sanders**

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

Telephone number of Authorized Officer or employee: **479-495-4242**

Study Area Code of Reporting Carrier

401734

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **SCOTT COUNTY TELEPHONE COMPANY**

Signature of authorized officer *Karen Gilliam* Date **5/14/14**

Printed name of authorized officer **KAREN GILLIAM**

Title or position of authorized officer **GENERAL MANAGER**

Telephone number of authorized officer: **(479) 923-4200**

Study Area Code of Reporting Carrier **403031** Filing Due Date for this form (mm/dd/yyyy) **6/16/2014**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BLUE VALLEY TELE-COM**

Signature of Authorized Officer or employee: **Candace Wright**
Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-com,l= , Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Candace Wright**

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

Telephone number of Authorized Officer or employee: **785-799-3657**

Study Area Code of Reporting Carrier

411746

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **COUNCIL GROVE TEL CO**

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

Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel co,l=Council Grove KS 66846-0299, Date:5/8/2014

Date: **5/8/2014**

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

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

Telephone number of Authorized Officer or employee: **620-767-5153**

Study Area Code of Reporting Carrier

411758

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: CUNNINGHAM TEL CO

Signature of Authorized Officer or employee: **Brent Cunningham**
Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham tel co,l=Glen Elder KS 67446-0108, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Brent Cunningham

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 785-545-3215

Study Area Code of Reporting Carrier

411761

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

6/16/2014

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

(TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER)

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

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

Name of Reporting Carrier Elkhart Telephone Co., Inc.			
Signature of authorized officer	<i>Bob Boaldin</i>	Date	5/15/2014
Printed name of authorized officer	Bob Boaldin		
Title or position of authorized officer	President		
Telephone number of authorized officer:	(620) 697-2111, ext.		
Study Area Code of Reporting Carrier	411764	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GOLDEN BELT TEL ASSN**

Signature of Authorized Officer or employee: **Beau Rebel**

Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbta.net,O=golden belt tel assn,I=Rush Center KS 67575, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Beau Rebel**

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

Telephone number of Authorized Officer or employee: **785-372-4236**

Study Area Code of Reporting Carrier

411777

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Tonya Murphy**
Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham tel co,l=Gorham KS 67640-0235, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Tonya Murphy**

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

Telephone number of Authorized Officer or employee: **785-637-5300**

Study Area Code of Reporting Carrier

411778

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: HAVILAND TEL CO

Signature of Authorized Officer or employee: Mark Wade

Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland tel co,l=Haviland KS 67059, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Mark Wade

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 620-862-5211

Study Area Code of Reporting Carrier

411780

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **H & B COMMUNICATIONS**

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

Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h & b communications,l=Holyrood KS 67450, Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **785-252-4000**

Study Area Code of Reporting Carrier

411781

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: HOME TEL CO

Signature of Authorized Officer or employee: **Tina Anderson**
Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hci-ks.com,O=home tel co,l=Galva KS 67443, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer or employee: Tina Anderson

Title or position of Authorized Officer or employee: Customer Acct & Billing Mgr/Secretary

Telephone number of Authorized Officer or employee: 620-654-3381

Study Area Code of Reporting Carrier

411782

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: J. B. N. TEL CO INC

Signature of Authorized Officer or employee: **Roger DelFiacco**
Digitally signed by Roger DelFiacco DN:cn=Roger DelFiacco,email=roger@jbntelco.com,O=j. b. n. tel co inc, Date:5/18/2014

Date: 5/18/2014

Printed name of Authorized Officer or employee: Roger DelFiacco

Title or position of Authorized Officer or employee: Controller

Telephone number of Authorized Officer or employee: 785-866-3402

Study Area Code of Reporting Carrier

411785

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **KANOKLA TEL ASSN-KS**

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

Digitally signed by Greg Aldridge DN:cn=Greg Aldridge,email=greg@kanokla.com,O=kanokla tel assn-ks,l=Caldwell KS 67022-0111, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer or employee: **620-845-5682**

Study Area Code of Reporting Carrier

411788

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **MADISON TEL., LLC**

Signature of Authorized Officer or employee: **Diantha Stutesman**
Digitally signed by Diantha Stutesman DN:cn=Diantha Stutesman,email=madtel@madtel.net,O=madison tel., llc,l=Madison KS 66860-0337, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Diantha Stutesman**

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

Telephone number of Authorized Officer or employee: **620-437-2356**

Study Area Code of Reporting Carrier

411801

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MOKAN DIAL INC-KS**

Signature of Authorized Officer or employee: **Deborah Nobles**
Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=mokan dial inc-ks, Date:5/19/2014

Date: **5/19/2014**

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

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

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

Study Area Code of Reporting Carrier

411807

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Delonna Barnett**
Digitally signed by Delonna Barnett DN:cn=Delonna Barnett,email=speedo@mtelco.net,O=moundridge tel co,l=Moundridge KS 67107, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Delonna Barnett**

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

Telephone number of Authorized Officer or employee: **620-345-2831**

Study Area Code of Reporting Carrier	411808		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mual tel co,l=Little River KS 67457, Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **620-897-6200**

Study Area Code of Reporting Carrier

411809

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PEOPLES TELECOM LLC**

Signature of Authorized Officer or employee: **Kathy Billinger**
Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peoplestelecom.net,O=peoples telecom llc,l=LaCygne KS 66040, Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer or employee: **913-757-2500**

Study Area Code of Reporting Carrier

411814

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CRAW-KAN TEL COOP**

Signature of Authorized Officer or employee: **Craig Wilbert**
Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan tel coop,l=Girard KS 66743-0100, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Craig Wilbert**

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

Telephone number of Authorized Officer or employee: **620-724-8235**

Study Area Code of Reporting Carrier

411818

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CRAW-KAN TEL COOP**

Signature of Authorized Officer or employee: **Craig Wilbert**
Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan tel coop,l=Girard KS 66743-0100, Date:12/22/2014

Date: **12/22/2014**

Printed name of Authorized Officer or employee: **Craig Wilbert**

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

Telephone number of Authorized Officer or employee: **620-724-8235**

Study Area Code of Reporting Carrier

411818

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

1/16/2015

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **RAINBOW TELECOM**

Signature of Authorized Officer or employee: **Beverly Armstrong**
Digitally signed by Beverly Armstrong DN:cn=Beverly Armstrong,email=bev@rainbowtel.com,O=rainbow telecom,l=Everest KS 66424-0147, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Beverly Armstrong**

Title or position of Authorized Officer or employee: **DIRECTOR OF ADMINISTRATION**

Telephone number of Authorized Officer or employee: **785-548-7511**

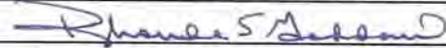
Study Area Code of Reporting Carrier	411820		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier				Rural Telephone Service Co., Inc. dba Nex-tech	
Signature of authorized officer				Date	5/14/14
Printed name of authorized officer		Rhonda S. Goddard			
Title or position of authorized officer		Chief Operating Officer			
Telephone number of authorized officer:		(785) 567-4281 ext.			
Study Area Code of Reporting Carrier	411826	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: **S & T TEL COOP ASSN**

Signature of Authorized Officer or employee: **Carolyn Somers**
Digitally signed by Carolyn Somers DN:cn=Carolyn Somers,email=crsomers@st-tel.net,O=s & t tel coop assn,l=Brewster KS 67732. Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Carolyn Somers**

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

Telephone number of Authorized Officer or employee: **785-694-2256**

Study Area Code of Reporting Carrier

411827

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **S & A TEL CO INC**

Signature of Authorized Officer or employee: **Janet Bathurst**
Digitally signed by Janet Bathurst DN:cn=Janet Bathurst,email=jbathurst@satelephone.com,O=s & a tel co inc,l=Allen KS 66833-0068, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Janet Bathurst**

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

Telephone number of Authorized Officer or employee: **620-528-3223**

Study Area Code of Reporting Carrier

411829

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **S. CENTRAL TEL - KS**

Signature of Authorized Officer or employee: **Zack Odell**
Digitally signed by Zack Odell DN:cn=Zack Odell,email=zodell@sctelcom.com,O=s. central tel - ks,l= , Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Zack Odell**

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

Telephone number of Authorized Officer or employee: **620-930-1020**

Study Area Code of Reporting Carrier

411831

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: SOUTHERN KANSAS TEL

Signature of Authorized Officer or employee: William McVey

Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel,l=Clearwater KS 67026-0800, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: William McVey

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

Telephone number of Authorized Officer or employee: 620-584-8337

Study Area Code of Reporting Carrier

411833

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: TRI-COUNTY TEL ASSN

Signature of Authorized Officer or employee: Dale Jones

Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=tri-county tel assn,l=Council Grove KS 66846-0299, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer or employee: Dale Jones

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 620-767-5153

Study Area Code of Reporting Carrier

411839

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TWIN VALLEY TEL INC**

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

Digitally signed by Scott Cissna DN:cn=Scott Cissna,email=scott.cissna@tvinc.net,O=twin valley tel inc,l= , Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **785-427-9269**

Study Area Code of Reporting Carrier

411840

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				UNITED TELEPHONE ASSOCIATION, INC.	
Signature of authorized officer			Date		05/15/2014
Printed name of authorized officer			CRAIG MOCK		
Title or position of authorized officer			GENERAL MANAGER		
Telephone number of authorized officer: (620) 227-8641 ext.					
Study Area Code of Reporting Carrier		411841	Filing Due Date for this form (mm/dd/yyyy)		06/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WAMEGO TEL CO INC**

Signature of Authorized Officer or employee: **Steven Sackrider**
Digitally signed by Steven Sackrider DN:cn=Steven Sackrider,email=steve.sackrider@wamtelco.com,O=wamego tel co inc,l=Wamego KS 66547-0025, Date:5/15/2014

Date: **5/15/2014**

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

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

Telephone number of Authorized Officer or employee: **785-456-1000**

Study Area Code of Reporting Carrier

411845

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WHEAT STATE TEL, INC**

Signature of Authorized Officer or employee: **Arturo Macias**

Digitally signed by Arturo Macias DN:cn=Arturo Macias,email=agmacias@wheatstate.com,O=wheat state tel, inc,l=Udall KS 67146, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Arturo Macias**

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

Telephone number of Authorized Officer or employee: **620-782-3341**

Study Area Code of Reporting Carrier

411847

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WILSON TEL CO INC**

Signature of Authorized Officer or employee: **Brian Boisvert**
Digitally signed by Brian Boisvert DN:cn=Brian Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,l=Wilson KS 67490-0190, Date:5/16/2014

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer or employee: **785-658-2111**

Study Area Code of Reporting Carrier

411849

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier		Zenda Telephone Company, Inc	
Signature of authorized officer	<i>John R. Ludena</i>	Date	<i>May 19 2014</i>
Printed name of authorized officer	<i>John R. Ludena</i>		
Title or position of authorized officer	<i>Vice President</i>		
Telephone number of authorized officer:	<i>394-983 ext. 8642</i>		
Study Area Code of Reporting Carrier	411852	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TOTAH COMMUNICATIONS**

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

Digitally signed by Keith Watson DN:cn=Keith Watson,email=kewatson@totalcsi.com,O=totah communications,l=Ochelata OK 74051-0300, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Keith Watson**

Title or position of Authorized Officer or employee: **Executive VP / Controller**

Telephone number of Authorized Officer or employee: **918-535-2208**

Study Area Code of Reporting Carrier

412030

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BPS Tel. Co.**

Signature of Authorized Officer or employee: **Lisa Winberry**
Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps tel. co.,l=Bernie MO 63822-0550, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Lisa Winberry**

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

Telephone number of Authorized Officer or employee: **573-293-2277**

Study Area Code of Reporting Carrier

420463

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel co - mo,l=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

421206

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CRAW-KAN TEL COOP-MO**

Signature of Authorized Officer or employee: **Craig Wilbert**

Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan tel coop-mo,l=Girard KS 66743-0100, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Craig Wilbert**

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

Telephone number of Authorized Officer or employee: **620-724-8235**

Study Area Code of Reporting Carrier

421759

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: CRAW-KAN TEL COOP-MO

Signature of Authorized Officer or employee: **Craig Wilbert**

Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan tel coop-mo,l=Girard KS 66743-0100, Date:12/22/2014

Date: 12/22/2014

Printed name of Authorized Officer or employee: Craig Wilbert

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 620-724-8235

Study Area Code of Reporting Carrier

421759

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: MOKAN DIAL INC-MO

Signature of Authorized Officer or employee: **Deborah Nobles**
Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=mokan dial inc-mo,/= , Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Deborah Nobles

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

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

Study Area Code of Reporting Carrier

421807

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ALMA COMM. CO.**

Signature of Authorized Officer or employee: **Adolf Heins**

Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma comm. co.,l=Alma MO 64001, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Adolf Heins**

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

Telephone number of Authorized Officer or employee: **660-674-2297**

Study Area Code of Reporting Carrier

421860

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: CHARITON VALLEY TEL

Signature of Authorized Officer or employee: James Simon

Digitally signed by James Simon DN:cn=James Simon, email=jsimon@charitonvalley.com, O=chariton valley tel, l=Macon MO 63552-0067, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: James Simon

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 660-395-9634

Study Area Code of Reporting Carrier

421864

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Brian Cornelius**
Digitally signed by Brian Cornelius DN:cn=Brian Cornelius,email=blc@ctcis.net,O=citizens tel co - mo,l=Higginsville MO 64037-0737, Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer or employee: **660-584-6520**

Study Area Code of Reporting Carrier

421865

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Dee McCormack**
Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmcormack@mcmo.net,O=ellington tel co,l=Ellington MO 63638, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Dee McCormack**

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

Telephone number of Authorized Officer or employee: **573-663-2000**

Study Area Code of Reporting Carrier

421874

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier FARBER TELEPHONE COMPANY			
Signature of authorized officer 	Date	05-07-2014	
Printed name of authorized officer CHARLES W. CROW			
Title or position of authorized officer PRESIDENT			
Telephone number of authorized officer: 573-249-9800 <small>() - ext.</small>			
Study Area Code of Reporting Carrier	421876	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: FIDELITY TEL CO

Signature of Authorized Officer or employee: **John Bell**
Digitally signed by John Bell DN:cn=John Bell,email=john.bell@fidelitycommunications.com,O=fidelity tel co,l= , Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer or employee: John Bell

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

Telephone number of Authorized Officer or employee: 573-468-1268

Study Area Code of Reporting Carrier	421882		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Goodman Telephone Company	
Signature of authorized officer			Date		May 8 2014
Printed name of authorized officer			W. Jay Mitchell		
Title or position of authorized officer			Vice President		
Telephone number of authorized officer: (417) 776-2247 ext.					
Study Area Code of Reporting Carrier		421886	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: GRANBY TEL CO - MO

Signature of Authorized Officer or employee: Cheri Johnson

Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - mo,l=Granby MO 64844, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Cheri Johnson

Title or position of Authorized Officer or employee: Corporate Secretary

Telephone number of Authorized Officer or employee: 417-472-5513

Study Area Code of Reporting Carrier

421887

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 River Mutual Telephone Corporation	
Signature of authorized officer		<i>Mark Yungeberg</i>		Date	5/14/14
Printed name of authorized officer		Mark Yungeberg			
Title or position of authorized officer		Vice-President, Board of Directors			
Telephone number of authorized officer:		(660) 748-3231 ext.			
Study Area Code of Reporting Carrier	421888	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GREEN HILLS TEL CORP**

Signature of Authorized Officer or employee: **Renee Reeter**

Digitally signed by Renee Reeter DN:cn=Renee Reeter,email=rreeter@ghtc.com,O=green hills tel corp,l= , Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Renee Reeter**

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

Telephone number of Authorized Officer or employee: **660-644-5011**

Study Area Code of Reporting Carrier

421890

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CHOCTAW TELEPHONE CO**

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

Date: **5/19/2014**

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

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

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

Study Area Code of Reporting Carrier

421893

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=klm tel co,lc=US, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Joe Jetensky**

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

Telephone number of Authorized Officer or employee: **402-426-6245**

Study Area Code of Reporting Carrier

421900

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **KINGDOM TELEPHONE CO**

Signature of Authorized Officer or employee: **Marla McCowan**
Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mkmccowan@ktis.net,O=kingdom telephone co,l=Auxvasse MO 65231, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Marla McCowan**

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

Telephone number of Authorized Officer or employee: **573-386-2241**

Study Area Code of Reporting Carrier

421901

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier		LE-RU TELEPHONE COMPANY	
Signature of authorized officer	<i>Robert L. Hart</i>	Date	5-14-14
Printed name of authorized officer		Robert L. Hart	
Title or position of authorized officer		President	
Telephone number of authorized officer: 417-628-3944			
Study Area Code of Reporting Carrier	421908	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MCDONALD COUNTY TEL**

Signature of Authorized Officer or employee: **Ross Babbitt**

Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county tel,l=Pineville MO 64856-0207, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Ross Babbitt**

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

Telephone number of Authorized Officer or employee: **417-223-4313**

Study Area Code of Reporting Carrier

421912

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MARK TWAIN RURAL TEL**

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

Digitally signed by Jim Lyon DN:cn=Jim Lyon,email=jlyon@marktwain.coop,O=mark twain rural tel,l=Hurdland MO 63547-0068, Date:5/14/2014

Date: **5/14/2014**

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

Title or position of Authorized Officer or employee: **Executive VP / General Mgr**

Telephone number of Authorized Officer or employee: **660-423-5211**

Study Area Code of Reporting Carrier

421914

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **OTELCO MID-MISSOURI**

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

Date: **5/15/2014**

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

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

Telephone number of Authorized Officer or employee: **256-586-1420**

Study Area Code of Reporting Carrier

421917

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Miller Telephone Company	
Signature of authorized officer		<i>John R. Ludenia</i>		Date	5/20/2014
Printed name of authorized officer		John Ludenia			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		(304) 983-8642			
Study Area Code of Reporting Carrier	421920	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Leonard May**

Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=new florence tel co,l=Rockland ID 83271, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Leonard May**

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

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

421927

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=holway tel co,l= , Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Joe Jetensky**

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

Telephone number of Authorized Officer or employee: **402-426-6245**

Study Area Code of Reporting Carrier

421929

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NE MISSOURI RURAL**

Signature of Authorized Officer or employee: **James Sherburne**
Digitally signed by James Sherburne DN:cn=James Sherburne,email=jims@nemr.net,O=ne missouri rural,l=Green City MO 63545-0098, Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer or employee: **660-874-4111**

Study Area Code of Reporting Carrier

421931

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

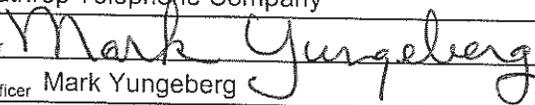
6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Lathrop Telephone Company			
Signature of authorized officer					Date		5/14/14
Printed name of authorized officer			Mark Yungeberg				
Title or position of authorized officer							
Vice-President, Board of Directors							
Telephone number of authorized officer: (660) 748-3231 ext.							
Study Area Code of Reporting Carrier		421932		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: **OREGON FARMERS MUT**

Signature of Authorized Officer or employee: **Wendy Ottman**

Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=ottman@ofmlive.net,O=oregon farmers mut,l=Oregon MO 64473, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Wendy Ottman**

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

Telephone number of Authorized Officer or employee: **660-446-3391**

Study Area Code of Reporting Carrier

421935

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: PEACE VALLEY TEL CO

Signature of Authorized Officer or employee: Kelly Bosserman

Digitally signed by Kelly Bosserman DN:cn=Kelly Bosserman, email=kbosserman@hotmail.com, O=peace valley tel co, l=Peace Valley MO 65788-0009, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Kelly Bosserman

Title or position of Authorized Officer or employee: V.P. Regulatory Affairs

Telephone number of Authorized Officer or employee: 417-277-5550

Study Area Code of Reporting Carrier

421936

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ROCK PORT TEL CO**

Signature of Authorized Officer or employee: **Rick Bradley**
Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel co,I=Rock Port MO 64482-0147, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Rick Bradley**

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

Telephone number of Authorized Officer or employee: **660-744-5311**

Study Area Code of Reporting Carrier

421942

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Steelville Telephone Company	
Signature of authorized officer		<i>Donald Santhuff</i>		Date	05/8/2014
Printed name of authorized officer		Donald Santhuff			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(573) 775-2111 ext.			
Study Area Code of Reporting Carrier	421949	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LAVACA TEL CO-OK**

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

Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ok,l=Lavaca AR 72941-0230, Date:5/20/2014

Date: **5/20/2014**

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

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

Telephone number of Authorized Officer or employee: **479-674-2211**

Study Area Code of Reporting Carrier

431704

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **KANOKLA TEL ASSN-OK**

Signature of Authorized Officer or employee: **Greg Aldridge**
Digitally signed by Greg Aldridge DN:cn=Greg Aldridge,email=greg@kanokla.com,O=kanokla tel assn-ok,l=Caldwell KS 67022-0111, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer or employee: **620-845-5682**

Study Area Code of Reporting Carrier

431788

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **S. CENTRAL TEL - KZ**

Signature of Authorized Officer or employee: **Zack Odell**
Digitally signed by Zack Odell DN:cn=Zack Odell,email=zodell@sctelcom.com,O=s. central tel - ok,l= , Date:5/14/2014

Date: **5/84/2084**

Printed name of Authorized Officer or employee: **ackOKdell**

Title or position of Authorized Officer or employee: **Genercl Mcncger**

Telephone number of Authorized Officer or employee: **620-910-8020**

Study Area Code of Reporting Carrier

418318

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

6/86/2084

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Barbara Summa**
Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas tel co,l=Big Cabin OK 74332-0077, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Barbara Summa**

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

Telephone number of Authorized Officer or employee: **918-783-5111**

Study Area Code of Reporting Carrier

431966

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Kay Mount**

Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs tel co,l=Beggs OK 74421-0749, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Kay Mount**

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

Telephone number of Authorized Officer or employee: **918-267-3636**

Study Area Code of Reporting Carrier

431968

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **CANADIAN VALLEY TEL**

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

Digitally signed by Orlean Smith DN:cn=Orlean Smith,email=murphy@cvok.net,O=canadian valley tel,l=Crowder OK 74430, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer or employee: **918-334-3700**

Study Area Code of Reporting Carrier

431974

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CARNEGIE TEL CO INC**

Signature of Authorized Officer or employee: **Gary Woodruff**
Digitally signed by Gary Woodruff DN:cn=Gary Woodruff,email=gwoodrff@carnegienet.net,O=carnegie tel co inc,l=Carnegie OK 73015, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Gary Woodruff**

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

Telephone number of Authorized Officer or employee: **580-654-1002**

Study Area Code of Reporting Carrier

431976

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Digitally signed by Steve Guest DN:cn=Steve Guest,email=steve377@cotc.net,O=central oklahoma tel,l=Davenport OK 74026-0789, Date:5/16/2014

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer or employee: **918-377-2241**

Study Area Code of Reporting Carrier

431977

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Samuel Sanchez**
Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee tel co,l= , Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Samuel Sanchez**

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

Telephone number of Authorized Officer or employee: **580-434-5375**

Study Area Code of Reporting Carrier

431979

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Digitally signed by Larry Jones DN:cn=Larry Jones,email=ljones@chickasawphone.net,O=chickasaw tel co,l=Sulphur OK 73086-0460, Date:5/8/2014

Date: **5/8/2014**

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

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

Telephone number of Authorized Officer or employee: **580-622-5223**

Study Area Code of Reporting Carrier

431980

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier		Cimarron Telephone Company	
Signature of authorized officer	<i>Gene Baldwin</i>	Date	05/ 9 /2014
Printed name of authorized officer		Gene Baldwin	
Title or position of authorized officer		Executive Vice President	
Telephone number of authorized officer: (918) 865-3311, ext.			
Study Area Code of Reporting Carrier	431982	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		Cimarron Telephone Company	
Signature of authorized officer	<i>Gene Baldwin</i>	Date	12/22/2014
Printed name of authorized officer		Gene Baldwin	
Title or position of authorized officer		Executive Vice President	
Telephone number of authorized officer: (918) 865-3311 ext.			
Study Area Code of Reporting Carrier	431982	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

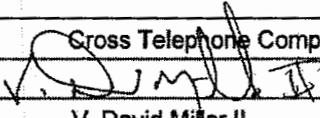
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier		Cross Telephone Company	
Signature of authorized officer		Date	05/08/2014
Printed name of authorized officer		Kim Collins	
Title or position of authorized officer		Assistant Secretary	
Telephone number of authorized officer: (918) 463-2921 _{ext.}			
Study Area Code of Reporting Carrier	431985	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

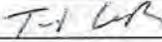
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Gross Telephone Company	
Signature of authorized officer				Date	12/31/2014
Printed name of authorized officer				V. David Miller II	
Title or position of authorized officer				Vice President	
Telephone number of authorized officer:				(918) 463-2921 ext.	
Study Area Code of Reporting Carrier		431985	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.					

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

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Name of Reporting Carrier				Dobson Telephone Company	
Signature of authorized officer				Date	5/16/14
Printed name of authorized officer		Trent LeForce			
Title or position of authorized officer		CFO			
Telephone number of authorized officer: (405) 242-0336					
Study Area Code of Reporting Carrier		431988	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: Jason Anderson
Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand tel co inc,l=Jay OK 74346-0308, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Jason Anderson

Title or position of Authorized Officer or employee: Controller/Co-Manager/2nd Vice President

Telephone number of Authorized Officer or employee: 918-253-4231

Study Area Code of Reporting Carrier

431994

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: HINTON TEL CO

Signature of Authorized Officer or employee: **Kenneth Doughty**
Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton tel co,l=Hinton OK 73047, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer or employee: Kenneth Doughty

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 405-542-3262

Study Area Code of Reporting Carrier

431995

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				McCloud Telephone Company	
Signature of authorized officer		<i>Trent LeForce</i>		Date	5/16/14
Printed name of authorized officer		Trent LeForce			
Title or position of authorized officer		CFO			
Telephone number of authorized officer		(405) 242-0336 ext.			
Study Area Code of Reporting Carrier	432006	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MEDICINE PARK TEL CO**

Signature of Authorized Officer or employee: **Dean Pennello**
Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=deanp@mpelco.com,O=medicine park tel co,l=Medicine Park OK 73557, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Dean Pennello**

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

Telephone number of Authorized Officer or employee: **580-529-2700**

Study Area Code of Reporting Carrier

432008

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Oklatel Communications, Inc.	
Signature of authorized officer			Date		May 19, 2014
Printed name of authorized officer			Toney Prather		
Title or position of authorized officer			President		
Telephone number of authorized officer			(254) 893-4600		
Study Area Code of Reporting Carrier		432013	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: OKLAHOMA WESTERN TEL

Signature of Authorized Officer or employee: **Pauline Van Horn**
Digitally signed by Pauline Van Horn DN:cn=Pauline Van Horn,email=pvanhorn@pisp.net,O=oklahoma western tel,l=Clayton OK 74536, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer or employee: Pauline Van Horn

Title or position of Authorized Officer or employee: Chairman

Telephone number of Authorized Officer or employee: 918-569-4111

Study Area Code of Reporting Carrier

432014

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Shawn Hanson**

Digitally signed by Shawn Hanson DN:cn=Shawn Hanson,email=shawn.hanson@ptci.net,O=panhandle tel coop,l= , Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Shawn Hanson**

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

Telephone number of Authorized Officer or employee: **580-338-2556**

Study Area Code of Reporting Carrier

432016

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **PINE TELEPHONE CO**

Signature of Authorized Officer or employee: **John Callaham**
Digitally signed by John Callaham DN:cn=John Callaham,email=johnc@pine-net.com,O=pine telephone co,l=Broken Bow OK 74728, Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **580-584-2100**

Study Area Code of Reporting Carrier

432017

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PIONEER TEL COOP INC**

Signature of Authorized Officer or employee: **Richard Ruhl**

Digitally signed by Richard Ruhl DN:cn=Richard Ruhl,email=raruhl@ptci.com,O=pioneer tel coop inc,l=Kingfisher OK 73750-0539, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Richard Ruhl**

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

Telephone number of Authorized Officer or employee: **405-375-0191**

Study Area Code of Reporting Carrier

432018

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

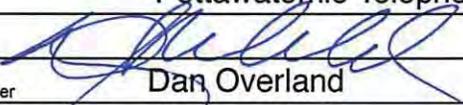
6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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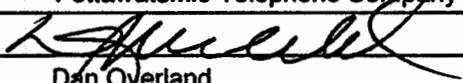
Name of Reporting Carrier				Pottawatomie Telephone Company	
Signature of authorized officer				Date	05/09/2014
Printed name of authorized officer		Dan Overland			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		4059975201, ext.			
Study Area Code of Reporting Carrier	432020	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier				Pottawatomie Telephone Company			
Signature of authorized officer					Date		12/ 22 /2014
Printed name of authorized officer				Dan Overland			
Title or position of authorized officer				Vice President			
Telephone number of authorized officer: (405) 997-5201							
Study Area Code of Reporting Carrier		432020		Filing Due Date for this form (mm/dd/yyyy)		1/16/20	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: SALINA-SPAVINAW TEL

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

Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel,l= , Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Scott Boone

Title or position of Authorized Officer or employee: Treasurer

Telephone number of Authorized Officer or employee: 918-496-8166

Study Area Code of Reporting Carrier

432022

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: SHIDLER TEL CO

Signature of Authorized Officer or employee: Lisa Patton

Digitally signed by Lisa Patton DN:cn=Lisa Patton,email=lisa@stinternet.net,O=shidler tel co,l=Shidler OK 74652, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Lisa Patton

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 918-793-2211

Study Area Code of Reporting Carrier

432023

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **SW OKLAHOMA TEL CO**

Signature of Authorized Officer or employee: **George Wycoff**
Digitally signed by George Wycoff DN:cn=George Wycoff,email=swotc@brightok.net,O=sw oklahoma tel co,l=Duke OK 73532, Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer or employee: **580-679-3345**

Study Area Code of Reporting Carrier

432025

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Dick Segress**

Digitally signed by Dick Segress DN:cn=Dick Segress,email=dick@ttslinx.com,O=terral tel co, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Dick Segress**

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

Telephone number of Authorized Officer or employee: **405-602-2408**

Study Area Code of Reporting Carrier

432029

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **TOTAH COMMUNICATIONS**

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

Digitally signed by Keith Watson DN:cn=Keith Watson,email=kewatson@totalcsi.com,O=totah communications,l=Ochelata OK 74051-0300, Date:5/19/2014

Date: **5/ 9/20/ 4**

Printed name of Authorized Officer or employee: **Keith Watson**

Title or position of Authorized Officer or employee: **Executive VP 6Controller**

Telephone number of Authorized Officer or employee: **9/ 8-515-2208**

Study Area Code of Reporting Carrier

412010

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

3/ 3/20/ 4

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Tommy Dorries**
Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant tel co,l=Valliant OK 74764, Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer or employee: **580-933-4400**

Study Area Code of Reporting Carrier

432032

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: SANTA ROSA TEL COOP

Signature of Authorized Officer or employee: **Jason Tole**
Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer or employee: Jason Tole

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 940-886-2014

Study Area Code of Reporting Carrier

432141

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: CAMERON TEL CO TEXAS

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

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

Date: 5/12/2014

Printed name of Authorized Officer or employee: Bruce Petry

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

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

Study Area Code of Reporting Carrier

440425

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **C. Dorries**

Digitally signed by C. Dorries DN:cn=C. Dorries,email=Clint@blossomtel.net,O=blossom tel co,l=Blossom TX 75416-0008, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **C. Dorries**

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

Telephone number of Authorized Officer or employee: **903-982-5200**

Study Area Code of Reporting Carrier

442038

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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(i).</p>			
Name of Reporting Carrier	Big Bend Telephone Company		
Signature of authorized officer	<i>Russell A. Moore</i>	Date	9/5/14
Printed name of authorized officer	Russell A. Moore		
Title or position of authorized officer	General Manager		
Telephone number of authorized officer:	433641000		
Study Area Code of Reporting Carrier	442039	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: BRAZORIA TEL CO

Signature of Authorized Officer or employee: **Gil Rasco**

Digitally signed by Gil Rasco DN:cn=Gil Rasco, email=gil@btel.com, O=brazoria tel co, l=Brazoria TX 77422, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Gil Rasco

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

Telephone number of Authorized Officer or employee: 979-798-2121

Study Area Code of Reporting Carrier

442040

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: BRAZOS TEL COOP INC

Signature of Authorized Officer or employee: Lonnie Rue

Digitally signed by Lonnie Rue DN:cn=Lonnie Rue,email=lroe@brazosnet.com,O=brazos tel coop inc, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Lonnie Rue

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 940-873-4303

Study Area Code of Reporting Carrier

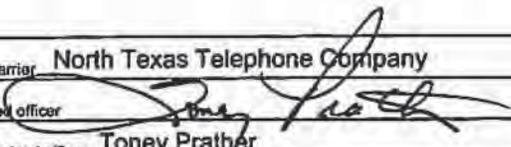
442041

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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 North Texas Telephone Company			
Signature of authorized officer 		Date	May 19, 2014
Printed name of authorized officer Toney Prather			
Title or position of authorized officer President			
Telephone number of authorized officer: (254) 893-4600			
Study Area Code of Reporting Carrier	442043	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: CAP ROCK TEL COOP

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

Digitally signed by Jim Whitefield DN:cn=Jim Whitefield,email=advisory@caprock-spur.com,O=cap rock tel coop,I=Spur TX 79370-0300, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer or employee: Jim Whitefield

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

Telephone number of Authorized Officer or employee: 806-271-3336

Study Area Code of Reporting Carrier

442046

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Jamey Wigley**

Digitally signed by Jamey Wigley DN:cn=Jamey Wigley,email=jameyw@centexnet.com,O=central texas co-op,l=Goldthwaite TX 76844, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Jamey Wigley**

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

Telephone number of Authorized Officer or employee: **325-648-2237**

Study Area Code of Reporting Carrier

442052

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: COLEMAN COUNTY CO-OP

Signature of Authorized Officer or employee: **Tim Humpert**

Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county co-op,l=Santa Anna TX 76878, Date:5/9/2014

Date: 5/9/2014

Printed name of Authorized Officer or employee: Tim Humpert

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

Telephone number of Authorized Officer or employee: 325-348-3124

Study Area Code of Reporting Carrier

442057

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

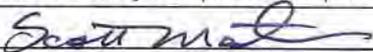
6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

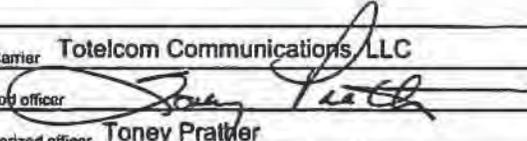
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Colorado Valley Telephone Cooperative, Inc.	
Signature of authorized officer				Date	May 8, 2014
Printed name of authorized officer		Scott Martin			
Title or position of authorized officer		General Manager/Authorized Agent			
Telephone number of authorized officer:		(979) 242-5911 _{ext.}			
Study Area Code of Reporting Carrier	442059	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					Totelcom Communications LLC					
Signature of authorized officer							Date		May 19, 2014	
Printed name of authorized officer					Toney Prather					
Title or position of authorized officer					President					
Telephone number of authorized officer:					(254) 893-1000					
Study Area Code of Reporting Carrier			442060		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.										

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Clifford Humpert**
Digitally signed by Clifford Humpert DN:cn=Clifford Humpert,email=cliffhumpert@comcell.net,O=community tel co,l=Windthorst TX 76389, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Clifford Humpert**

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

Telephone number of Authorized Officer or employee: **940-423-6201**

Study Area Code of Reporting Carrier

442061

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: CUMBY TEL COOP INC

Signature of Authorized Officer or employee: **Karen Zimmerman**
Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenz@cumbytel.com,O=cumby tel coop inc,|=Cumby TX 75433, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Karen Zimmerman

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 903-994-2211

Study Area Code of Reporting Carrier

442065

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **DELL TEL. CO-OP - TX**

Signature of Authorized Officer or employee: **Marcy Guillen**

Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@dellcity.com,O=dell tel. co-op - tx,l=, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Marcy Guillen**

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

Telephone number of Authorized Officer or employee: **915-964-2352**

Study Area Code of Reporting Carrier

442066

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: EASTEX TEL COOP INC

Signature of Authorized Officer or employee: **Steve Alexander**
Digitally signed by Steve Alexander DN:cn=Steve Alexander,email=steve@eastex.net,O=eastex tel coop inc,l=Henderson TX 75653-0150, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer or employee: Steve Alexander

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

Telephone number of Authorized Officer or employee: 903-854-1121

Study Area Code of Reporting Carrier	442068		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ELECTRA TELEPHONE CO**

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

Date: **5/19/2014**

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

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

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

Study Area Code of Reporting Carrier

442069

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FIVE AREA TEL CO-OP**

Signature of Authorized Officer or employee: **Sandy Vandevender**
Digitally signed by Sandy Vandevender DN:cn=Sandy Vandevender,email=sandyv@fivearea.com,O=five area tel co-op,I=Muleshoe TX 79347-0448, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Sandy Vandevender**

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

Telephone number of Authorized Officer or employee: **806-272-5533**

Study Area Code of Reporting Carrier

442071

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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>Border to Border Communication</i>			
Signature of authorized officer <i>Curtis H. Hunt</i>		Date <i>5/09/14</i>	
Printed name of authorized officer <i>Curtis H. Hunt</i>			
Title or position of authorized officer <i>Secr. Treasurer</i>			
Telephone number of authorized officer: () - . ext. <i>956 936 5243</i>			
Study Area Code of Reporting Carrier	<i>442073</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. §5 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Ganado Telephone Co., Inc			
Signature of authorized officer			<i>Bill Rakowitz</i>		Date		05/09/2014
Printed name of authorized officer				Bill Rakowitz			
Title or position of authorized officer				General Manager			
Telephone number of authorized officer:				(361) 771-3331 ext.			
Study Area Code of Reporting Carrier		442076		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: **GUADALUPE VALLEY TEL**

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

Digitally signed by Robert Hunt DN:cn=Robert Hunt,email=robert.hunt@gvtc.net,O=guadalupe valley tel, Date:5/14/2014

Date: **5/14/2014**

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

Title or position of Authorized Officer or employee: **VP-Regulatory Affairs & Corp. Dev.**

Telephone number of Authorized Officer or employee: **830-885-8239**

Study Area Code of Reporting Carrier

442083

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Hill Country Telephone Cooperative, Inc.			
Signature of authorized officer	<i>Willard R. Bass</i>	Date	5/19/2014
Printed name of authorized officer Willard R. Bass			
Title or position of authorized officer Board President			
Telephone number of authorized officer: (830) 367-5333			
Study Area Code of Reporting Carrier	442086	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ALENCO COMMUNICATION**

Signature of Authorized Officer or employee: **Ray Bussell**

Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communication,l=Joshua TX 76058, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Ray Bussell**

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

Telephone number of Authorized Officer or employee: **817-447-0127**

Study Area Code of Reporting Carrier

442090

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: ETS TEL. CO., INC.

Signature of Authorized Officer or employee: Von Kauffman

Digitally signed by Von Kauffman DN:cn=Von Kauffman,email=vkauffman@entouch.net,O=ets tel. co., inc.,l= , Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer or employee: Von Kauffman

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

Telephone number of Authorized Officer or employee: 281-225-0525

Study Area Code of Reporting Carrier

442091

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Karen Raeke**

Digitally signed by Karen Raeke DN:cn=Karen Raeke,email=kraeke@industrytelco.com,O=industry tel co,I=Industry TX 78944, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Karen Raeke**

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

Telephone number of Authorized Officer or employee: **979-357-4411**

Study Area Code of Reporting Carrier

442093

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Digitally signed by Terri Parker DN:cn=Terri Parker,email=terri@laward.org,O=la ward tel exchange,I=La Ward TX 77970-0246, Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer or employee: **361-872-2211**

Study Area Code of Reporting Carrier

442103

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: LIPAN TEL CO

Signature of Authorized Officer or employee: **Beth Howard**

Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan tel co,l=Lipan TX 76462, Date:5/9/2014

Date: 5/9/2014

Printed name of Authorized Officer or employee: Beth Howard

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

Telephone number of Authorized Officer or employee: 254-646-2211

Study Area Code of Reporting Carrier

442105

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: MID-PLAINS RURAL TEL

Signature of Authorized Officer or employee: Rick Hurt

Digitally signed by Rick Hurt DN:cn=Rick Hurt,email=rhurt@midplains.org,O=mid-plains rural tel,l=Tulia TX 79088-0300, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Rick Hurt

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 806-668-4420

Study Area Code of Reporting Carrier

442112

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MUENSTER DBA NORTEX**

Signature of Authorized Officer or employee: **Alan Rohmer**
Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=muenster dba nortex,l=Muenster TX 76252, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Alan Rohmer**

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

Telephone number of Authorized Officer or employee: **940-759-2251**

Study Area Code of Reporting Carrier

442116

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

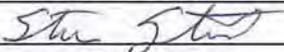
6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Peoples Telephone Cooperative, Inc.	
Signature of authorized officer				Date	05/08/2014
Printed name of authorized officer		Steven Steele			
Title or position of authorized officer		GM/CEO			
Telephone number of authorized officer:		(903) 878-3132 ext.			
Study Area Code of Reporting Carrier	442130	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **POKA-LAMBRO TEL COOP**

Signature of Authorized Officer or employee: **David McEndree**
Digitally signed by David McEndree DN:cn=David McEndree,email=dmc@poka.com,O=poka-lambro tel coop,l=Tahoka TX 79373-1340, Date:5/8/2014

Date: **5/8/2014**

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

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

Telephone number of Authorized Officer or employee: **806-924-7234**

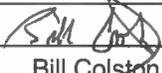
Study Area Code of Reporting Carrier	442131		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Riviera Telephone Company, Inc.	
Signature of authorized officer				Date	05/08/2014
Printed name of authorized officer		Bill Colston, Jr.			
Title or position of authorized officer		President/General Manager			
Telephone number of authorized officer:		(361) 296-3232			
Study Area Code of Reporting Carrier	442134	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: **SOUTHWEST TEXAS TEL**

Signature of Authorized Officer or employee: **Gary Gilmer**

Digitally signed by Gary Gilmer DN:cn=Gary Gilmer, email=gary@swtexas.com, O=southwest texas tel, l=Rocksprings TX 78880, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Gary Gilmer**

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

Telephone number of Authorized Officer or employee: **830-683-2111**

Study Area Code of Reporting Carrier

442135

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: SANTA ROSA TEL COOP

Signature of Authorized Officer or employee: Jason Tole

Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer or employee: Jason Tole

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 940-886-2014

Study Area Code of Reporting Carrier

442141

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SOUTH PLAINS TEL**

Signature of Authorized Officer or employee: **Scotty Hart**

Digitally signed by Scotty Hart DN:cn=Scotty Hart,email=scotthart@sptc.net,O=south plains tel,l=Lubbock TX 79408-1379, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Scotty Hart**

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

Telephone number of Authorized Officer or employee: **806-763-2301**

Study Area Code of Reporting Carrier

442143

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

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

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

Study Area Code of Reporting Carrier	442150		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: TAYLOR TEL CO-OP INC

Signature of Authorized Officer or employee: Steve Singletary

Digitally signed by Steve Singletary DN:cn=Steve Singletary,email=steves@taylortel.net,O=taylor tel co-op inc,l=Merkel TX 79536, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer or employee: Steve Singletary

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

Telephone number of Authorized Officer or employee: 325-846-4111

Study Area Code of Reporting Carrier

442151

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

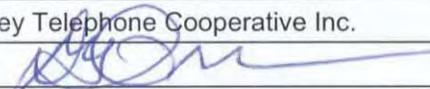
6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Valley Telephone Cooperative Inc.			
Signature of authorized officer					Date		05/15/2014
Printed name of authorized officer				Dave Osborn			
Title or position of authorized officer				CEO			
Telephone number of authorized officer:				(956) 642-1124 ext.			
Study Area Code of Reporting Carrier		442159		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier				West Texas Rural Telephone Cooperative, Inc.	
Signature of authorized officer		<i>Amy Linzey</i>		Date	05/09/2014
Printed name of authorized officer		Amy Linzey			
Title or position of authorized officer		CEO / General Manager			
Telephone number of authorized officer:		(806) 364-3331 ext.			
Study Area Code of Reporting Carrier	442166	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WES-TEX TEL CO-OP**

Signature of Authorized Officer or employee: **James Wilson**
Digitally signed by James Wilson DN:cn=James Wilson,email=jamesbobwilson@aol.com,O=wes-tex tel co-op,l=Stanton TX 79782, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer or employee: **432-756-3393**

Study Area Code of Reporting Carrier

442168

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **XIT RURAL TEL CO-OP**

Signature of Authorized Officer or employee: **Darrell Dennis**
Digitally signed by Darrell Dennis DN:cn=Darrell Dennis,email=ddennis@xitcomm.net,O=xit rural tel co-op,l=Dalhart TX 79022, Date:5/8/2014

Date: **5/8/2014**

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

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

Telephone number of Authorized Officer or employee: **806-384-3311**

Study Area Code of Reporting Carrier

442170

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

6/16/2014

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

442262

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: ENMR Telephone Cooperative TX			
Signature of authorized officer: 		Date:	3-19-2014
Printed name of authorized officer: David J. Robinson			
Title or position of authorized officer: Chief Financial Officer			
Telephone number of authorized officer: (575) 389-5100			
Study Area Code of Reporting Carrier	442262	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: HOPI TELECOMM, INC.

Signature of Authorized Officer or employee: **Carroll Onsaе**
Digitally signed by Carroll Onsaе DN:cn=Carroll Onsaе,email=consae@hopitelecom.com,O=hopi telecomm, inc.,l= , Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Carroll Onsaе

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

Telephone number of Authorized Officer or employee: 928-522-8428

Study Area Code of Reporting Carrier

450815

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

6/16/2014

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

452169

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 San Carlos Apache Telecommunications Utility, Inc.			
Signature of authorized officer <i>Shirley Ortiz</i>		Date	<i>05/15/2014</i>
Printed name of authorized officer Shirley Ortiz			
Title or position of authorized officer CEO/General Manager			
Telephone number of authorized officer: (928) 475-7058			
Study Area Code of Reporting Carrier	452169	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>			

452173

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Tohono O'odham Utility Authority	
Signature of authorized officer		<i>Harriet Toro</i>		Date	5/15/2014
Printed name of authorized officer				Harriet Toro	
Title or position of authorized officer				Chairwoman	
Telephone number of authorized officer:				(520) 383-2236	
Study Area Code of Reporting Carrier		452173	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: VALLEY TEL COOP-AZ

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

Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop-az,l=Willcox AZ 85644, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Steven Metts

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

Telephone number of Authorized Officer or employee: 520-384-2231

Study Area Code of Reporting Carrier

452176

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: GILA RIVER TELECOM.

Signature of Authorized Officer or employee: Derek White

Digitally signed by Derek White DN:cn=Derek White,email=dwhite@gilarivertel.com,O=gila river telecom.,l=Chandler AZ 85226, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer or employee: Derek White

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 520-796-8845

Study Area Code of Reporting Carrier

452179

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: ACCIPITER DBA ZONA

Signature of Authorized Officer or employee: **Jennifer Vellucci**
Digitally signed by Jennifer Vellucci DN:cn=Jennifer Vellucci,email=jvellucci@teamzona.com,O=accipiter dba zona,l= , Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer or employee: Jennifer Vellucci

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

Telephone number of Authorized Officer or employee: 623-455-4500

Study Area Code of Reporting Carrier

452191

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FORT MOJAVE TEL, INC**

Signature of Authorized Officer or employee: **Linda Gutierrez**
Digitally signed by Linda Gutierrez DN:cn=Linda Gutierrez,email=linfmi@ftmojave.net,O=fort mojave tel, inc,l= , Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer or employee: **928-346-2521**

Study Area Code of Reporting Carrier

452200

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: MIDVALE-AZ

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

Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale-az,I=Midvale ID 83645, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: John Stuart

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 208-355-2211

Study Area Code of Reporting Carrier

452226

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TABLE TOP TEL CO**

Signature of Authorized Officer or employee: **Matthew Boos**
Digitally signed by Matthew Boos DN:cn=Matthew Boos,email=mjboos@ponderosatel.com,O=table top tel co,l=O'Neals CA 93645-0021, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Matthew Boos**

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

Telephone number of Authorized Officer or employee: **559-868-6322**

Study Area Code of Reporting Carrier

453334

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

6/16/2014

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

457991

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: Saddleback Communications				
Signature of authorized officer: <i>Bill Bryant</i>			Date:	<i>5-14-14</i>
Printed name of authorized officer: Bill Bryant				
Title or position of authorized officer: President/General Manager				
Telephone number of authorized officer: (480) 362-7001				
Study Area Code of Reporting Carrier	457991	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: **AGATE MUTUAL TEL CO**

Signature of Authorized Officer or employee: **Amy Noah**

Digitally signed by Amy Noah DN:cn=Amy Noah,email=amtca@amtca.net,O=agate mutual tel co,l=Agate CO 80101-0038, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **Amy Noah**

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

Telephone number of Authorized Officer or employee: **719-764-2578**

Study Area Code of Reporting Carrier

462178

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BIJOU TEL COOP ASSOC**

Signature of Authorized Officer or employee: **Brian Creveling**
Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel coop assoc,l= , Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer or employee: **303-822-5400**

Study Area Code of Reporting Carrier

462181

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Alan Wehe**

Digitally signed by Alan Wehe DN:cn=Alan Wehe,email=alanwehe@gojade.org,O=blanca tel co,l=Alamosa CO 81101, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Alan Wehe**

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

Telephone number of Authorized Officer or employee: **719-379-3839**

Study Area Code of Reporting Carrier

462182

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **EASTERN SLOPE RURAL**

Signature of Authorized Officer or employee: **Patricia White**

Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.coop,O=eastern slope rural,l=Hugo CO 80821-0397, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Patricia White**

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

Telephone number of Authorized Officer or employee: **719-743-2441**

Study Area Code of Reporting Carrier

462186

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Douglas Pace**
Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dp@ftitel.net,O=farmers tel co - co,l=Pleasant View CO 81331-0369, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Douglas Pace**

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

Telephone number of Authorized Officer or employee: **970-562-0058**

Study Area Code of Reporting Carrier

462188

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/19/2014**

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

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

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

Study Area Code of Reporting Carrier

462190

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NUCLA-NATURITA TEL**

Signature of Authorized Officer or employee: **Kelly Tomlinson**
Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=kelly@nntc.bz,O=nucla-naturita tel,l=Nucla CO 81424, Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer or employee: **970-864-7335**

Study Area Code of Reporting Carrier

462193

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

6/16/2014

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

462194

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Nunn Telephone Company	
Signature of authorized officer			Date		5/12/2014
Printed name of authorized officer				James T. Turner	
Title or position of authorized officer				President	
Telephone number of authorized officer:				970-897-2200, ext. —	
Study Area Code of Reporting Carrier		462194	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: SOUTH PARK TEL. CO.

Signature of Authorized Officer or employee: David Shipley

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=south park tel. co.,l=Colorado City CO 81019-0166, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: David Shipley

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 719-676-4151

Study Area Code of Reporting Carrier

462195

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: PEETZ COOP TEL CO

Signature of Authorized Officer or employee: **Kathy Glassburn**
Digitally signed by Kathy Glassburn DN:cn=Kathy Glassburn,email=peetztel@peetzplace.com,O=peetz coop tel co,l=Peetz CO 80747, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer or employee: Kathy Glassburn

Title or position of Authorized Officer or employee: Office Manager

Telephone number of Authorized Officer or employee: 970-334-2220

Study Area Code of Reporting Carrier

462196

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: PHILLIPS COUNTY TEL

Signature of Authorized Officer or employee: **Vincent Kropp**
Digitally signed by Vincent Kropp DN:cn=Vincent Kropp,email=vince.kropp@pctelcom.org,O=phillips county tel,l=Holyoke CO 80734, Date:5/17/2014

Date: 5/17/2014

Printed name of Authorized Officer or employee: Vincent Kropp

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 970-854-2201

Study Area Code of Reporting Carrier

462197

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PINE DRIVE TEL CO**

Signature of Authorized Officer or employee: **Matthew Sellers**
Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel co,l=Beulah CO 81023, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Matthew Sellers**

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

Telephone number of Authorized Officer or employee: **719-485-3400**

Study Area Code of Reporting Carrier

462198

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PLAINS COOP TEL ASSN**

Signature of Authorized Officer or employee: **D. Felty**

Digitally signed by D. Felty DN:cn=D. Felty,email=dkfelty@plainstel.com,O=plains coop tel assn,l=Joes CO 80822, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **D. Felty**

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

Telephone number of Authorized Officer or employee: **970-358-4211**

Study Area Code of Reporting Carrier

462199

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: RICO TEL CO

Signature of Authorized Officer or employee: Douglas Pace
Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dp@ftitel.net,O=RICO TEL CO,I=Pleasant View CO 81331-0369, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer or employee: Douglas Pace

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 970-562-0058

Study Area Code of Reporting Carrier

462201

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ROGGEN TEL COOP CO**

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

Digitally signed by Peggy Manino DN:cn=Peggy Manino,email=pmanino@rtebb.net,O=roggen tel coop co,l=Roggen CO 80652-0100, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer or employee: **303-849-5260**

Study Area Code of Reporting Carrier

462202

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

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: RYE TELEPHONE CO

Signature of Authorized Officer or employee: **David Shipley**
Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=rye telephone co,l=Colorado City CO 81019-0166, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: David Shipley

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 719-676-3131

Study Area Code of Reporting Carrier	462203		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **STONEHAM COOP TEL CO**

Signature of Authorized Officer or employee: **Taya Northrup**

Digitally signed by Taya Northrup DN:cn=Taya Northrup,email=stoneham.telephone@yahoo.com,O=stoneham coop tel co,l=Stoneham CO 80754, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Taya Northrup**

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

Telephone number of Authorized Officer or employee: **970-735-2251**

Study Area Code of Reporting Carrier

462206

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

6/16/2014

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462209

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Wiggins Telephone Association**

Signature of authorized officer *Terry Hendrickson*

Date **May 20, 2014**

Printed name of authorized officer **Terry Hendrickson**

Title or position of authorized officer **CEO/GM**

Telephone number of authorized officer: **970423 - 7343**
ext.

Study Area Code of Reporting Carrier **462209**

Filing Due Date for this form
(mm/dd/yyyy) **6/16/2014**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: WILLARD TEL CO

Signature of Authorized Officer or employee: **Carrie Klem**

Digitally signed by Carrie Klem DN:cn=Carrie Klem,email=carriek@willardtell.com,O=willard tel co, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Carrie Klem

Title or position of Authorized Officer or employee: Manager

Telephone number of Authorized Officer or employee: 970-466-4575

Study Area Code of Reporting Carrier

462210

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **ALBION TEL CO-ATC**

Signature of Authorized Officer or employee: **Rich Redman**

Digitally signed by Rich Redman DN:cn=Rich Redman,email=rich@atcnet.net,O=albion tel co-atc,I=Albion ID 83311, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Rich Redman**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **208-673-5335**

Study Area Code of Reporting Carrier

472213

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: CAMBRIDGE TEL CO

Signature of Authorized Officer or employee: **Kristie Kanady**

Digitally signed by Kristie Kanady DN:cn=Kristie Kanady,email=kkanady@ctctele.com,O=cambridge tel co,l=Cambridge ID 83610, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Kristie Kanady

Title or position of Authorized Officer or employee: Billing Manager

Telephone number of Authorized Officer or employee: 208-257-3314

Study Area Code of Reporting Carrier

472215

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: CUSTER TEL COOP

Signature of Authorized Officer or employee: Clayton Severe
Digitally signed by Clayton Severe DN:cn=Clayton Severe,email=csevere@custertel.net,O=custer tel coop,l=Challis ID 83226, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Clayton Severe

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 208-879-2281

Study Area Code of Reporting Carrier

472218

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2014

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **FILER MUTUAL TEL -ID**

Signature of Authorized Officer or employee: **Steve Cowger**

Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -id,i=Filer ID 83328, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Steve Cowger**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **208-326-4339**

Study Area Code of Reporting Carrier

472220

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

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