

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BLANCHARD TEL. CO.					
Signature of Authorized Officer: Duane Bronson				<small>Digitally signed by Duane Bronson DN:cn=Duane Bronson,email=blanchardtel@power-net.net,O=blanchard tel. co.,l=Blanchard MI 49310-0067, Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: Duane Bronson					
Title or position of Authorized Officer: VP / General Manager					
Telephone number of Authorized Officer: 989-561-9930					
Study Area Code of Reporting Carrier	310678		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CARR TEL CO					
Signature of Authorized Officer: Terri Bogner				<small>Digitally signed by Terri Bogner DN:cn=Terri Bogner,email=teri@carrinter.net,O=carr tel co,l= , Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer: Terri Bogner					
Title or position of Authorized Officer: Secretary					
Telephone number of Authorized Officer: 231-898-2244					
Study Area Code of Reporting Carrier	310683		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CLIMAX TEL CO</p>					
<p>Signature of Authorized Officer: Kevin Doyle</p>				<p><small>Digitally signed by Kevin Doyle DN:cn=Kevin Doyle,email=kdoyle@ctstelecom.com,O=climax tel co,l= , Date:5/20/2014</small></p> <p>Date: 5/20/2014</p>	
<p>Printed name of Authorized Officer: Kevin Doyle</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 269-746-3244</p>					
Study Area Code of Reporting Carrier	310688		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CLIMAX TEL CO</p>					
<p>Signature of Authorized Officer: Kevin Doyle</p>				<p><small>Digitally signed by Kevin Doyle DN:cn=Kevin Doyle,email=kdoyle@ctstelecom.com,O=climax tel co,l= , Date:1/5/2015</small></p> <p>Date: 1/5/2015</p>	
<p>Printed name of Authorized Officer: Kevin Doyle</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 269-746-3244</p>					
<p>Study Area Code of Reporting Carrier</p>	310688		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	1/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DEERFIELD FARMERS</p>					
<p>Signature of Authorized Officer: David LaRocca</p>				<p>Digitally signed by David LaRocca DN:cn=David LaRocca,email=dave@cass.net,O=deerfield farmers, = Date:5/7/2014</p>	
<p>Date: 5/7/2014</p>					
<p>Printed name of Authorized Officer: David LaRocca</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 734-279-1339</p>					
<p>Study Area Code of Reporting Carrier</p>	310691		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ACE-MI DRENTHE</p>					
<p>Signature of Authorized Officer: Todd Roesler</p>				<p><small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi-drenthe,l=Houston MN 55943-0360, Date:5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Todd Roesler</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 507-896-6292</p>					
<p>Study Area Code of Reporting Carrier</p>	310692		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ACE-MI DRENTHE</p>					
<p>Signature of Authorized Officer: Todd Roesler</p>				<p><small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi drenthe,l=Houston MN 55943-0360, Date:11/4/2014</small></p> <p>Date: 11/4/2014</p>	
<p>Printed name of Authorized Officer: Todd Roesler</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 507-896-6292</p>					
<p>Study Area Code of Reporting Carrier</p>	310692		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	11/14/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Farmers Mutual DBA Chapin Telephone Company			
Signature of Authorized Officer <i>Gene Maynard</i>		Date 5-14-14	
Printed name of Authorized Officer Gene Maynard			
Title or position of Authorized Officer Vice President			
Telephone number of Authorized Officer (989) 661-2476 ext.			
Study Area Code of Reporting Carrier	310694	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		KALEVA TELEPHONE COMPANY	
Signature of Authorized Officer		Date 05/20/2014	
Printed name of Authorized Officer		JON W. CRIBBS	
Title or position of Authorized Officer		PRESIDENT	
Telephone number of Authorized Officer: (2343623111 ext.		Filing Due Date for this form (mm/dd/yyyy)	
Study Area Code of Reporting Carrier		6/16/2014	
310703			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ACE TEL OF MICHIGAN</p>					
<p>Signature of Authorized Officer: Todd Roesler</p>				<p><small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel of michigan,l=Houston MN 55943-0360, Date:5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Todd Roesler</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 507-896-6292</p>					
<p>Study Area Code of Reporting Carrier</p>	310704		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ACE TEL OF MICHIGAN</p>					
<p>Signature of Authorized Officer: Todd Roesler</p>				<p><small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel of michigan,l=Houston MN 55943-0360, Date:11/4/2014</small></p> <p>Date: 11/4/2014</p>	
<p>Printed name of Authorized Officer: Todd Roesler</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 507-896-6292</p>					
<p>Study Area Code of Reporting Carrier</p>	310704		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	11/14/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</p>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
<p>Name of Reporting Carrier Lennon Telephone Company</p>				
<p>Signature of Authorized Officer <i>Jacqueline Bowden</i></p>				<p>Date 5-9-14</p>
<p>Printed name of Authorized Officer Jacqueline Bowden</p>				
<p>Title or position of Authorized Officer President</p>				
<p>Telephone number of Authorized Officer: (810) 621-3301 ext.</p>				
<p>Study Area Code of Reporting Carrier</p>	<p>310708</p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MIDWAY TEL CO					
Signature of Authorized Officer: Camie Nebel-Conklin				<small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel co,l=- , Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: Camie Nebel-Conklin					
Title or position of Authorized Officer: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer: 906-387-9911					
Study Area Code of Reporting Carrier	310711		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					


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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HIAWATHA TEL CO					
Signature of Authorized Officer: Camie Nebel-Conklin				<small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha tel co,l=- , Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: Camie Nebel-Conklin					
Title or position of Authorized Officer: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer: 906-387-9911					
Study Area Code of Reporting Carrier	310713		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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

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

Name of Reporting Carrier				OGDEN TELEPHONE COMPANY	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			LINDA K. CORIE		
Title or position of Authorized Officer			SECRETARY-TREASURER		
Telephone number of Authorized Officer: (517) 443-5595 ext.					
Study Area Code of Reporting Carrier		310714	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

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

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ONTONAGON COUNTY TEL</p>					
<p>Signature of Authorized Officer: Camie Nebel-Conklin</p>				<p>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel, Date:5/19/2014</p>	
<p>Date: 5/19/2014</p>					
<p>Printed name of Authorized Officer: Camie Nebel-Conklin</p>					
<p>Title or position of Authorized Officer: Vice President/Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 906-387-9911</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>310717</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PIGEON TEL CO					
Signature of Authorized Officer: Neal Eichler				<small>Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel co,l=Pigeon MI 48755, Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Neal Eichler					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 989-453-4391					
Study Area Code of Reporting Carrier	310721		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SAND CREEK TEL CO</p>					
<p>Signature of Authorized Officer: Harvey Souders</p>				<p><small>Digitally signed by Harvey Souders DN:cn=Harvey Souders,email=souders@sandcreektelco.com,O=sand creek tel co,l=Sand Creek MI 49279-0066, Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Harvey Souders</p>					
<p>Title or position of Authorized Officer: Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer: 517-436-3130</p>					
<p>Study Area Code of Reporting Carrier</p>	310725		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SPRINGPORT TEL CO</p>					
<p>Signature of Authorized Officer: Mark Cutler</p>				<p>Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel co,l=Springport MI 49284-0208, Date:5/19/2014</p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Mark Cutler</p>					
<p>Title or position of Authorized Officer: Accountant</p>					
<p>Telephone number of Authorized Officer: 517-857-3100</p>					
<p>Study Area Code of Reporting Carrier</p>	310728		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
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<p>Name of Reporting Carrier: SPRINGPORT TEL CO</p>					
<p>Signature of Authorized Officer: Mark Cutler</p>				<p>Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel co,l=Springport MI 49284-0208, Date:12/22/2014</p>	
<p>Date: 12/22/2014</p>					
<p>Printed name of Authorized Officer: Mark Cutler</p>					
<p>Title or position of Authorized Officer: Accountant</p>					
<p>Telephone number of Authorized Officer: 517-857-3100</p>					
<p>Study Area Code of Reporting Carrier</p>	310728		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	1/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
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Name of Reporting Carrier: UPPER PENINSULA TEL					
Signature of Authorized Officer: David Hoover				<small>Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=upper peninsula tel,l= , Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: David Hoover					
Title or position of Authorized Officer: President and General Manager					
Telephone number of Authorized Officer: 906-639-2111					
Study Area Code of Reporting Carrier	310732		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WALDRON TEL CO					
Signature of Authorized Officer: Lucinda Bernath				<small>Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel co,l=Waldron MI 49288-0197, Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: Lucinda Bernath					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 517-286-6211					
Study Area Code of Reporting Carrier	310734		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WESTPHALIA TEL CO</p>					
<p>Signature of Authorized Officer: David Fox</p>				<p><small>Digitally signed by David Fox DN:cn=David Fox,email=dave.fox@4wbi.net,O=westphalia tel co,l=Westphalia MI 48894, Date:5/20/2014</small></p> <p>Date: 5/20/2014</p>	
<p>Printed name of Authorized Officer: David Fox</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 989-587-5000</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>310735</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Winn Telephone Company**

Signature of Authorized Officer *Kevin Fryover*

Date **5/20/14**

Printed name of Authorized Officer **Kevin Fryover**

Title or position of Authorized Officer **Manager**

Telephone number of Authorized Officer: **(248) 928-4191** ext.

Study Area Code of Reporting Carrier **310737**

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ACE-MI OLD MISSION</p>					
<p>Signature of Authorized Officer: Todd Roesler</p>				<p><small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi old mission,l=Houston MN 55943-0360, Date:5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Todd Roesler</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 507-896-6292</p>					
<p>Study Area Code of Reporting Carrier</p>	310777		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

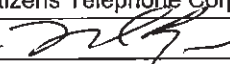
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MCBC</p>					
<p>Signature of Authorized Officer: David Hoover</p>				<p><small>Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=mcbc,l=, Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: David Hoover</p>					
<p>Title or position of Authorized Officer: President and General Manager</p>					
<p>Telephone number of Authorized Officer: 877-216-0502</p>					
<p>Study Area Code of Reporting Carrier</p>	310785		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BLOOMINGDALE HOME</p>					
<p>Signature of Authorized Officer: Ronja Branson</p>				<p><small>Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingdaletel.com,O=bloomi ngdale home,l=Bloomington IN 47832, Date:5/15/2014</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Ronja Branson</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 765-498-2000</p>					
<p>Study Area Code of Reporting Carrier</p>	320742		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Citizens Telephone Corp			
Signature of Authorized Officer 			Date 5/12/14
Printed name of Authorized Officer Neil Laymon			
Title or position of Authorized Officer President/General Mgr			
Telephone number of Authorized Officer: (260) 375-2111 , ext.			
Study Area Code of Reporting Carrier	320751	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CLAY DBA ENDEAVOR					
Signature of Authorized Officer: Ralph Cunha				<small>Digitally signed by Ralph Cunha DN:cn=Ralph Cunha,email=rcunha@weEndeavor.com,O=clay dba endeavor,l=Cloverdale IN 46120-0237, Date:5/20/2014</small> Date: 5/20/2014	
Printed name of Authorized Officer: Ralph Cunha					
Title or position of Authorized Officer: President and CEO					
Telephone number of Authorized Officer: 765-795-4261					
Study Area Code of Reporting Carrier	320753		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CRAIGVILLE TEL CO</p>					
<p>Signature of Authorized Officer: Lee Von Gunten</p>				<p>Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel co,l=Craigville IN 46731, Date:5/8/2014</p>	
<p>Date: 5/8/2014</p>					
<p>Printed name of Authorized Officer: Lee Von Gunten</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 260-565-3131</p>					
<p>Study Area Code of Reporting Carrier</p>	320756		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DAVIESS-MARTIN/RTC					
Signature of Authorized Officer: Stephen Bartlett				<small>Digitally signed by Stephen Bartlett DN:cn=Stephen Bartlett,email=sbartlett@rtccom.com,O=daviess-martin/rtc, =Montgomery IN 47558, Date:5/8/2014</small> Date: 5/8/2014	
Printed name of Authorized Officer: Stephen Bartlett					
Title or position of Authorized Officer: EVP					
Telephone number of Authorized Officer: 812-486-3211					
Study Area Code of Reporting Carrier	320759		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GEETINGSVILLE TEL CO</p>					
<p>Signature of Authorized Officer: Steve Scott</p>				<p>Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co,l=, Date:5/9/2014</p>	
<p>Date: 5/9/2014</p>					
<p>Printed name of Authorized Officer: Steve Scott</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 765-258-3111</p>					
<p>Study Area Code of Reporting Carrier</p>	320771		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HANCOCK DBA NINESTAR</p>					
<p>Signature of Authorized Officer: Michael Burrow</p>				<p><small>Digitally signed by Michael Burrow DN:cn=Michael Burrow,email=mburrow@ninstarconnect.com,O=hancock dba ninestar,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Michael Burrow</p>					
<p>Title or position of Authorized Officer: President and CEO</p>					
<p>Telephone number of Authorized Officer: 317-326-2101</p>					
<p>Study Area Code of Reporting Carrier</p>	320775		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Hancock Rural Telephone Corp. d/b/a NineStar Connect				
Signature of Authorized Officer 				Date 11/3/2014
Printed name of Authorized Officer Michael R. Burrow				
Title or position of Authorized Officer President & CEO				
Telephone number of Authorized Officer: (317) 326-3131 ext.				
Study Area Code of Reporting Carrier	320775	Filing Due Date for this form (mm/dd/yyyy)	November 2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LIGONIER TEL CO</p>					
<p>Signature of Authorized Officer: Donald Johnson</p>				<p><small>Digitally signed by Donald Johnson DN:cn=Donald Johnson,email=djohnson@ligtel.net,O=ligonier tel co,lc= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Donald Johnson</p>					
<p>Title or position of Authorized Officer: General Manager/Vice President</p>					
<p>Telephone number of Authorized Officer: 260-894-7161</p>					
<p>Study Area Code of Reporting Carrier</p>	320783		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MONON TEL CO</p>					
<p>Signature of Authorized Officer: Bruce Hanway</p>				<p><small>Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel co,l=Monon IN 47959, Date:5/15/2014</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Bruce Hanway</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 219-253-6601</p>					
<p>Study Area Code of Reporting Carrier</p>	320790		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MULBERRY COOP TEL CO</p>					
<p>Signature of Authorized Officer: Randy Maish</p>				<p><small>Digitally signed by Randy Maish DN:cn=Randy Maish,email=randy@mintel.net,O=mulberry coop tel co,l=Mulberry IN 46058-0370, Date:5/15/2014</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Randy Maish</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 765-296-2885</p>					
<p>Study Area Code of Reporting Carrier</p>	320792		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier New Lisbon Telephone Company Inc.			
Signature of Authorized Officer <i>Joel Magiera President</i>			Date 5/19/2014
Printed name of Authorized Officer Joel Magiera			
Title or position of Authorized Officer Board President			
Telephone number of Authorized Officer: (765)-332-2413			
Study Area Code of Reporting Carrier	320796	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NEW PARIS TEL INC					
Signature of Authorized Officer: Paul Penrose				<small>Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel inc,l=New Paris IN 46553-0047, Date:5/20/2014</small> Date: 5/20/2014	
Printed name of Authorized Officer: Paul Penrose					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 574-831-7115					
Study Area Code of Reporting Carrier	320797		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Northwestern Indiana Telephone Company, Inc.			
Signature of Authorized Officer 			Date 5/20/14
Printed name of Authorized Officer Thomas C Long			
Title or position of Authorized Officer COO			
Telephone number of Authorized Officer: (219) 996-2981 ext.			
Study Area Code of Reporting Carrier	320800	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Perry-Spencer Rural Telephone Cooperative, Inc. d/b/a PSC			
Signature of Authorized Officer 			Date 05/15/2014
Printed name of Authorized Officer James M. Dauby			
Title or position of Authorized Officer President and CEO			
Telephone number of Authorized Officer: (812) 357-2123 ext.			
Study Area Code of Reporting Carrier	320807	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Pulaski White Rural Telephone Cooperative, Inc.			
Signature of Authorized Officer <i>Mark A. Dickerson</i>			Date 5/20/2014
Printed name of Authorized Officer Mark A. Dickerson			
Title or position of Authorized Officer President/CEO			
Telephone number of Authorized Officer: (574) 278-7121 ext.			
Study Area Code of Reporting Carrier	320813	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

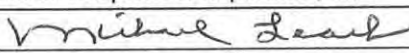
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ROCHESTER TEL CO					
Signature of Authorized Officer: Greta Lynch				<small>Digitally signed by Greta Lynch DN:cn=Greta Lynch,email=greta.lynych@rtc1.com,O=rochester tel co,l=Rochester IN 46975-0507, Date:5/8/2014</small> Date: 5/8/2014	
Printed name of Authorized Officer: Greta Lynch					
Title or position of Authorized Officer: VP-Finance					
Telephone number of Authorized Officer: 574-223-0238					
Study Area Code of Reporting Carrier	320815		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				SEI Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Michael Leach		
Title or position of Authorized Officer			General Manager		
Telephone number of Authorized Officer: (812) 667-5100, ext.					
Study Area Code of Reporting Carrier		320819	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Sunman Telecommunications Corp</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date <u>8/20/14</u>
Printed name of Authorized Officer <u>Michael S Aliq</u>			
Title or position of Authorized Officer <u>CFO</u>			
Telephone number of Authorized Officer: <u>812-623-2122</u> ext.			
Study Area Code of Reporting Carrier	<u>320825</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SWAYZEE TEL CO</p>					
<p>Signature of Authorized Officer: Timothy Miles</p>				<p>Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel co,l= , Date:5/15/2014</p>	
<p>Date: 5/15/2014</p>					
<p>Printed name of Authorized Officer: Timothy Miles</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 765-922-7916</p>					
Study Area Code of Reporting Carrier	320826		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SWEETSER RURAL TEL</p>					
<p>Signature of Authorized Officer: Scott Winger</p>				<p>Digitally signed by Scott Winger DN:cn=Scott Winger,email=sweetser@comteck.com,O=sweetser rural tel,l=Sweetser IN 46987, Date:5/12/2014</p>	
<p>Date: 5/12/2014</p>					
<p>Printed name of Authorized Officer: Scott Winger</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 765-384-4311</p>					
Study Area Code of Reporting Carrier	320827		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Washington County Rural Telephone Cooperative, Inc.			
Signature of Authorized Officer <i>[Signature]</i>			Date 5/15/14
Printed name of Authorized Officer Roland King			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: 812.967.3171 ext.			
Study Area Code of Reporting Carrier	320834	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Washington County Rural Telephone Cooperative, Inc.			
Signature of Authorized Officer <i>Roland K. King</i>			Date 10/24/2014
Printed name of Authorized Officer Roland K King			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (812) 967-3171 ext.			
Study Area Code of Reporting Carrier	320834	Filing Due Date for this form (mm/dd/yyyy)	November 2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: YEOMAN TEL CO, INC					
Signature of Authorized Officer: David Blacker				<small>Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytci.com,O=yeoman tel co, inc,lc=US, Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: David Blacker					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 574-965-2100					
Study Area Code of Reporting Carrier	320839		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: YEOMAN TEL CO, INC					
Signature of Authorized Officer: David Blacker				Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytci.com,O=yeoman tel co, inc,l=, Date:10/29/2014 Date: 10/29/2014	
Printed name of Authorized Officer: David Blacker					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 574-965-2100					
Study Area Code of Reporting Carrier	320839		Filing Due Date for this form (mm/dd/yyyy)	11/14/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: AMERY TELCOM, INC.					
Signature of Authorized Officer: Michael Jensen				<small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc., Date:5/9/2014</small> Date: 5/9/2014	
Printed name of Authorized Officer: Michael Jensen					
Title or position of Authorized Officer: President & General Manager					
Telephone number of Authorized Officer: 715-268-7101					
Study Area Code of Reporting Carrier	330842		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: AMHERST TEL CO</p>					
<p>Signature of Authorized Officer: Carl Bohman</p>				<p><small>Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=cbohman@wi-net.com,O=amherst tel co,l=Amherst WI 54406-0279, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Carl Bohman</p>					
<p>Title or position of Authorized Officer: President & General Manager</p>					
<p>Telephone number of Authorized Officer: 715-824-5529</p>					
<p>Study Area Code of Reporting Carrier</p>	330843		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier BALDWIN TELECOM, INC.				
Signature of Authorized Officer <i>David J. Mattison</i>			Date 5/15/2014	
Printed name of Authorized Officer DAVID MATTISON				
Title or position of Authorized Officer PRESIDENT				
Telephone number of Authorized Officer: (715) 684-3346 , ext.				
Study Area Code of Reporting Carrier		330846	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BELMONT TEL CO</p>					
<p>Signature of Authorized Officer: Deb Egli</p>				<p><small>Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=belmont tel co,l=Cuba City WI 53807, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Deb Egli</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 608-744-3500</p>					
<p>Study Area Code of Reporting Carrier</p>	330847		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BERGEN TEL CO					
Signature of Authorized Officer: Brad Ellefson				<small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel co,l=Sharon WI 53585, Date:5/12/2014</small> Date: 5/12/2014	
Printed name of Authorized Officer: Brad Ellefson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 262-736-9981					
Study Area Code of Reporting Carrier	330848		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BLOOMER TEL CO					
Signature of Authorized Officer: Jim Smart				<small>Digitally signed by Jim Smart DN:cn=Jim Smart,email=jrs@bloomer.net,O=bloomer tel co,l= , Date:5/9/2014</small> Date: 5/9/2014	
Printed name of Authorized Officer: Jim Smart					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 715-568-4830					
Study Area Code of Reporting Carrier	330850		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BRUCE TEL CO, INC</p>					
<p>Signature of Authorized Officer: John Manosky</p>				<p><small>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel co, inc, Date:5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: John Manosky</p>					
<p>Title or position of Authorized Officer: President & General Manager</p>					
<p>Telephone number of Authorized Officer: 715-868-5111</p>					
<p>Study Area Code of Reporting Carrier</p>	330855		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CHEQUAMEGON COM COOP</p>					
<p>Signature of Authorized Officer: David Carter</p>				<p>Digitally signed by David Carter DN:cn=David Carter,email=dcarter@norvado.com,O=chequamegon com coop,l=Cable WI 54821-0067, Date:5/12/2014</p>	
<p>Date: 5/12/2014</p>					
<p>Printed name of Authorized Officer: David Carter</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 715-798-3303</p>					
Study Area Code of Reporting Carrier	330860		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CHIBARDUN TEL COOP					
Signature of Authorized Officer: N. Scott Behn				<small>Digitally signed by N. Scott Behn DN:cn=N. Scott Behn,email=sbehn@mosaictelecom.com,O=chibardun tel coop,l=Cameron WI 54822-0664, Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: N. Scott Behn					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 715-458-5400					
Study Area Code of Reporting Carrier	330861		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CITIZENS TEL COOP-WI</p>					
<p>Signature of Authorized Officer: Dennis Bachman</p>				<p>Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel coop-wi,l=New Auburn WI 54757-0127, Date:5/16/2014</p>	
<p>Date: 5/16/2014</p>					
<p>Printed name of Authorized Officer: Dennis Bachman</p>					
<p>Title or position of Authorized Officer: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer: 715-237-2605</p>					
<p>Study Area Code of Reporting Carrier</p>	330863		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CLEAR LAKE TEL CO-WI</p>					
<p>Signature of Authorized Officer: Tim Kusilek</p>				<p>Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@cltcomm.net,O=clear lake tel co-wi,l=Clear Lake WI 54005, Date:5/19/2014</p>	
<p>Date: 5/19/2014</p>					
<p>Printed name of Authorized Officer: Tim Kusilek</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 715-263-2755</p>					
<p>Study Area Code of Reporting Carrier</p>	330865		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: COCHRANE COOP TEL CO</p>					
<p>Signature of Authorized Officer: Gina Tomlinson</p>				<p><small>Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mwt.net,O=cochrane coop tel co,l=Cochrane WI 54622-0189, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Gina Tomlinson</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 608-248-2323</p>					
<p>Study Area Code of Reporting Carrier</p>	330866		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: COON VALLEY FARMERS</p>					
<p>Signature of Authorized Officer: Carol Olson</p>				<p>Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers,l=Coon Valley WI 54623-0398, Date:5/9/2014</p>	
<p>Date: 5/9/2014</p>					
<p>Printed name of Authorized Officer: Carol Olson</p>					
<p>Title or position of Authorized Officer: Assistant Secretary Treasurer</p>					
<p>Telephone number of Authorized Officer: 608-452-3101</p>					
<p>Study Area Code of Reporting Carrier</p>	330868		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CUBA CITY EXCHANGE</p>					
<p>Signature of Authorized Officer: Deb Egli</p>				<p><small>Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=cuba city exchange,l=Cuba City WI 53807, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Deb Egli</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 608-744-3500</p>					
<p>Study Area Code of Reporting Carrier</p>	330872		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS INDEPENDENT</p>					
<p>Signature of Authorized Officer: Mark Anderson</p>				<p>Digitally signed by Mark Anderson DN:cn=Mark Anderson,email=mark@grantsburgtelcom.com,O=farmers independent,l=Grantsburg WI 54840-0447, Date:5/14/2014</p>	
<p>Date: 5/14/2014</p>					
<p>Printed name of Authorized Officer: Mark Anderson</p>					
<p>Title or position of Authorized Officer: General Manager and Compliance Officer</p>					
<p>Telephone number of Authorized Officer: 715-463-5322</p>					
<p>Study Area Code of Reporting Carrier</p>	330879		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Hager Telecom Inc.			
Signature of Authorized Officer 			Date 05/16/2014
Printed name of Authorized Officer William Eckles			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (507) 526-3252 , ext. _____			
Study Area Code of Reporting Carrier	330889	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HILLSBORO TEL CO</p>					
<p>Signature of Authorized Officer: Carla Shaker</p>				<p><small>Digitally signed by Carla Shaker DN:cn=Carla Shaker, email=cjshaker@hillsborotel.com, O=hillsboro tel co, l=Hillsboro WI 54634-0427, Date: 5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Carla Shaker</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer/Office Mgr.</p>					
<p>Telephone number of Authorized Officer: 608-489-2100</p>					
<p>Study Area Code of Reporting Carrier</p>	330892		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LAKEFIELD TEL CO					
Signature of Authorized Officer: Roger Hermesen				<small>Digitally signed by Roger Hermesen DN:cn=Roger Hermesen,email=roger.hermesen@nsight.com,O=lakefield tel co,l=Green Bay WI 54307-9079, Date:5/12/2014</small> Date: 5/12/2014	
Printed name of Authorized Officer: Roger Hermesen					
Title or position of Authorized Officer: Vice President/COO					
Telephone number of Authorized Officer: 920-617-7502					
Study Area Code of Reporting Carrier	330896		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LA VALLE TEL COOP					
Signature of Authorized Officer: Brad Welp				<small>Digitally signed by Brad Welp DN:cn=Brad Welp,email=bradw@ltc.coop,O=la valle tel coop,l=LaValle WI 53941, Date:5/8/2014</small> Date: 5/8/2014	
Printed name of Authorized Officer: Brad Welp					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 608-537-2461					
Study Area Code of Reporting Carrier	330899		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LEMONWEIR VALLEY TEL</p>					
<p>Signature of Authorized Officer: Donna Rezin</p>				<p><small>Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=donna.rezin@lynxxnet.com,O=lemonweir valley tel,l=Camp Douglas WI 54618, Date:5/9/2014</small></p> <p>Date: 5/9/2014</p>	
<p>Printed name of Authorized Officer: Donna Rezin</p>					
<p>Title or position of Authorized Officer: Treasurer</p>					
<p>Telephone number of Authorized Officer: 608-427-6515</p>					
<p>Study Area Code of Reporting Carrier</p>	330900		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LAKELAND-LUCK</p>					
<p>Signature of Authorized Officer: John Klatt</p>				<p><small>Digitally signed by John Klatt DN:cn=John Klatt,email=jkklatt@lakeland.ws,O=lakeland-luck,I=Milltown WI 54858, Date:5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: John Klatt</p>					
<p>Title or position of Authorized Officer: President/CEO</p>					
<p>Telephone number of Authorized Officer: 715-825-2171</p>					
<p>Study Area Code of Reporting Carrier</p>	330902		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MANAWA TEL CO</p>					
<p>Signature of Authorized Officer: Thomas Squires</p>				<p><small>Digitally signed by Thomas Squires DN:cn=Thomas Squires,email=tsquires@wolfnet.net,O=manawa tel co,l=Manawa WI 54949, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Thomas Squires</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 920-596-1707</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330905</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MARQUETTE-ADAMS COOP</p>					
<p>Signature of Authorized Officer: Jerry Schneider</p>				<p>Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquett e-adams coop,l=Oxford WI 53952, Date:5/20/2014</p>	
<p>Date: 5/20/2014</p>					
<p>Printed name of Authorized Officer: Jerry Schneider</p>					
<p>Title or position of Authorized Officer: CEO & General Manager</p>					
<p>Telephone number of Authorized Officer: 608-586-4111</p>					
<p>Study Area Code of Reporting Carrier</p>	330908		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LAKELAND-MILLTOWN					
Signature of Authorized Officer: John Klatt				<small>Digitally signed by John Klatt DN:cn=John Klatt,email=jkklatt@lakeland.ws,O=lakeland-milltown,I=Milltown WI 54858, Date:5/16/2014</small> Date: 5/16/2014	
Printed name of Authorized Officer: John Klatt					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 715-825-2171					
Study Area Code of Reporting Carrier	330910		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NELSON TEL COOP</p>					
<p>Signature of Authorized Officer: Christy Berger</p>				<p><small>Digitally signed by Christy Berger DN:cn=Christy Berger,email=christy@nelson-tel.net,O=nelson tel coop,l=Durand WI 54736-0228, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Christy Berger</p>					
<p>Title or position of Authorized Officer: Executive Vice President</p>					
<p>Telephone number of Authorized Officer: 715-672-4204</p>					
<p>Study Area Code of Reporting Carrier</p>	330918		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NIAGARA TEL CO					
Signature of Authorized Officer: Roger Hermesen				Digitally signed by Roger Hermesen DN:cn=Roger Hermesen,email=roger.hermesen@nsight.com,O=niagara tel co,l=Green Bay WI 54307-9079, Date:5/12/2014	
Date: 5/12/2014					
Printed name of Authorized Officer: Roger Hermesen					
Title or position of Authorized Officer: Vice President/COO					
Telephone number of Authorized Officer: 920-617-7502					
Study Area Code of Reporting Carrier	330920		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BAYLAND TEL, LLC					
Signature of Authorized Officer: Roger Hermesen				Digitally signed by Roger Hermesen DN:cn=Roger Hermesen,email=roger.hermesen@nsight.com,O=bayland tel, llc,lc=Green Bay WI 54307-9079, Date:5/12/2014	
Date: 5/12/2014					
Printed name of Authorized Officer: Roger Hermesen					
Title or position of Authorized Officer: Vice President/COO					
Telephone number of Authorized Officer: 920-617-7502					
Study Area Code of Reporting Carrier	330925		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<div style="display: flex; justify-content: space-between;"> Name of Reporting Carrier Indianhead Telephone Company </div>			
<div style="display: flex; justify-content: space-between;"> Signature of Authorized Officer  </div>			<div style="display: flex; justify-content: space-between;"> Date 05/16/2014 </div>
<div style="display: flex; justify-content: space-between;"> Printed name of Authorized Officer William Eckles </div>			
<div style="display: flex; justify-content: space-between;"> Title or position of Authorized Officer President </div>			
<div style="display: flex; justify-content: space-between;"> Telephone number of Authorized Officer: (507) 526-3252 ext. </div>			
<div style="display: flex; justify-content: space-between;"> Study Area Code of Reporting Carrier 330936 </div>	<div style="display: flex; justify-content: space-between;"> Filing Due Date for this form (mm/dd/yyyy) 6/16/2014 </div>		
<p style="text-align: center; font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PRICE COUNTY TEL CO</p>					
<p>Signature of Authorized Officer: Catherine Mess</p>				<p>Digitally signed by Catherine Mess DN:cn=Catherine Mess,email=messc@pctcnet.net,O=price county tel co,l=Phillips WI 54555-0108, Date:5/7/2014</p> <p>Date: 5/7/2014</p>	
<p>Printed name of Authorized Officer: Catherine Mess</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 715-339-2151</p>					
<p>Study Area Code of Reporting Carrier</p>	330937		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NORTHEAST TEL CO</p>					
<p>Signature of Authorized Officer: Roger Hermesen</p>				<p>Digitally signed by Roger Hermesen DN:cn=Roger Hermesen,email=roger.hermesen@nsight.com,O=northeast tel co,l=Green Bay WI 54307-9079, Date:5/12/2014</p>	
<p>Date: 5/12/2014</p>					
<p>Printed name of Authorized Officer: Roger Hermesen</p>					
<p>Title or position of Authorized Officer: Vice President/COO</p>					
<p>Telephone number of Authorized Officer: 920-617-7502</p>					
<p>Study Area Code of Reporting Carrier</p>	330938		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: RICHLAND-GRANT COOP</p>					
<p>Signature of Authorized Officer: Brad Welp</p>				<p>Digitally signed by Brad Welp DN:cn=Brad Welp,email=bradw@rgtc.coop,O=richland-grant coop,l= , Date:5/8/2014</p>	
<p>Date: 5/8/2014</p>					
<p>Printed name of Authorized Officer: Brad Welp</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 608-537-2461</p>					
<p>Study Area Code of Reporting Carrier</p>	330942		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SHARON TEL CO</p>					
<p>Signature of Authorized Officer: Brad Ellefson</p>				<p><small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel co,l=Sharon WI 53585, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Brad Ellefson</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 262-736-9981</p>					
<p>Study Area Code of Reporting Carrier</p>	330946		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SIREN TEL CO, INC</p>					
<p>Signature of Authorized Officer: Sid Sherstad</p>				<p>Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel co, inc,l=Siren WI 54872-0426, Date:5/12/2014</p>	
<p>Date: 5/12/2014</p>					
<p>Printed name of Authorized Officer: Sid Sherstad</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 715-349-2224</p>					
<p>Study Area Code of Reporting Carrier</p>	330949		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SOMERSET TEL CO</p>					
<p>Signature of Authorized Officer: Michael Jensen</p>				<p><small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel co,l= , Date:5/9/2014</small></p> <p>Date: 5/9/2014</p>	
<p>Printed name of Authorized Officer: Michael Jensen</p>					
<p>Title or position of Authorized Officer: President & General Manager</p>					
<p>Telephone number of Authorized Officer: 715-268-7101</p>					
<p>Study Area Code of Reporting Carrier</p>	330951		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SPRING VALLEY TEL CO					
Signature of Authorized Officer: Carol Anderson				<small>Digitally signed by Carol Anderson DN:cn=Carol Anderson,email=svtel@svtel.net,O=spring valley tel co,l=Spring Valley WI 54767, Date:5/9/2014</small> Date: 5/9/2014	
Printed name of Authorized Officer: Carol Anderson					
Title or position of Authorized Officer: Assistant Manager/Assistant Secretary					
Telephone number of Authorized Officer: 715-778-4433					
Study Area Code of Reporting Carrier	330953		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TRI-COUNTY COMM COOP</p>					
<p>Signature of Authorized Officer: Cheryl Rue</p>				<p><small>Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tcc.coop,O=tri-county comm coop,l=Strum WI 54770, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Cheryl Rue</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 715-695-2691</p>					
<p>Study Area Code of Reporting Carrier</p>	330960		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: UNION TEL CO</p>					
<p>Signature of Authorized Officer: Katherine Kehl</p>				<p>Digitally signed by Katherine Kehl DN:cn=Katherine Kehl,email=kkehl@uniontel.net,O=union tel co,l=Plainfield WI 54966-0096, Date:5/12/2014</p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Katherine Kehl</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 715-335-6301</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330962</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: VERNON TEL COOP</p>					
<p>Signature of Authorized Officer: Rodney Olson</p>				<p><small>Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernontel.com,O=vernon tel coop,l=Westby WI 54667, Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Rodney Olson</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 608-634-7421</p>					
<p>Study Area Code of Reporting Carrier</p>	330966		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: W. WISCONSIN TELCOM</p>					
<p>Signature of Authorized Officer: Mark Stenseth</p>				<p><small>Digitally signed by Mark Stenseth DN:cn=Mark Stenseth,email=stenseth@wwt.coop,O=w. wisconsin telecom,l=Downsville WI 54735, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p>	
<p>Printed name of Authorized Officer: Mark Stenseth</p>					
<p>Title or position of Authorized Officer: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer: 715-664-8311</p>					
<p>Study Area Code of Reporting Carrier</p>	330971		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WITTENBERG TEL CO</p>					
<p>Signature of Authorized Officer: Linda Garbelman</p>				<p><small>Digitally signed by Linda Garbelman DN:cn=Linda Garbelman,email=lgarbelman@wittenbergnet.net,O=wittenberg tel co,l=Wittenberg WI 54499, Date:5/14/2014</small></p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer: Linda Garbelman</p>					
<p>Title or position of Authorized Officer: CFO/Treasurer</p>					
<p>Telephone number of Authorized Officer: 715-253-2115</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330973</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WOOD COUNTY TEL CO</p>					
<p>Signature of Authorized Officer: Gregory Krings</p>				<p><small>Digitally signed by Gregory Krings DN:cn=Gregory Krings,email=krings@solarus.net,O=wood county tel co,l=Wisconsin Rapids WI 54495-8045, Date:5/14/2014</small></p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer: Gregory Krings</p>					
<p>Title or position of Authorized Officer: Director of Finance</p>					
<p>Telephone number of Authorized Officer: 715-421-8129</p>					
<p>Study Area Code of Reporting Carrier</p>	330974		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ADAMS TEL COOP</p>					
<p>Signature of Authorized Officer: James Broemmer Jr.</p>				<p>Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbroomer@adams.net,O=adams tel coop,lc=Golden IL 62339, Date:5/13/2014</p>	
<p>Date: 5/13/2014</p>					
<p>Printed name of Authorized Officer: James Broemmer Jr.</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 217-696-4411</p>					
Study Area Code of Reporting Carrier	340976		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ALHAMBRA-GRANTFORK</p>					
<p>Signature of Authorized Officer: Kevin Osterbur</p>				<p>Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra-grantfork,I=Alhambra IL 62001-0207, Date:5/15/2014</p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Kevin Osterbur</p>					
<p>Title or position of Authorized Officer: Manager</p>					
<p>Telephone number of Authorized Officer: 618-488-2165</p>					
<p>Study Area Code of Reporting Carrier</p>	340978		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CAMBRIDGE TEL CO -IL</p>					
<p>Signature of Authorized Officer: Scott Rubins</p>				<p>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=cambridge tel co -il,IL=Geneseo IL 61254-0330, Date:5/13/2014</p>	
<p>Date: 5/13/2014</p>					
<p>Printed name of Authorized Officer: Scott Rubins</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 309-944-2103</p>					
Study Area Code of Reporting Carrier	340983		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CASS TEL CO</p>					
<p>Signature of Authorized Officer: Tom Allen</p>				<p><small>Digitally signed by Tom Allen DN:cn=Tom Allen,email=tomallen@casscomm.com,O=cass tel co,l=Virginia IL 62691, Date:5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Tom Allen</p>					
<p>Title or position of Authorized Officer: Vice President/Chief Operating Officer</p>					
<p>Telephone number of Authorized Officer: 217-452-7800</p>					
<p>Study Area Code of Reporting Carrier</p>	340984		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier CLARKSVILLE MUTUAL TEL CO			
Signature of Authorized Officer <i>Patricia Rhoads</i>			Date 5-20-14
Printed name of Authorized Officer PATRICIA RHOADS			
Title or position of Authorized Officer SECRETARY-TREASURER			
Telephone number of Authorized Officer: 217 884 3822			
Study Area Code of Reporting Carrier 340990		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

Signature of Authorized Officer *Thomas D. Rawlinson*

Date **5/15/2014**

Printed name of Authorized Officer **Thomas D. Rawlinson**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(618) 966-2196** ext.

Study Area Code of Reporting Carrier

340993

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GENESEO TEL CO</p>					
<p>Signature of Authorized Officer: Scott Rubins</p>				<p><small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=geneseo tel co,l=Geneseo IL 61254-0330, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p>	
<p>Printed name of Authorized Officer: Scott Rubins</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 309-944-2103</p>					
<p>Study Area Code of Reporting Carrier</p>	341016		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Glasford Telephone Co.				
Signature of Authorized Officer <i>Duane Goetze</i>			Date 5/14/2014	
Printed name of Authorized Officer Duane Goetze				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (309) 389 5151 ext.				
Study Area Code of Reporting Carrier 341017		Filing Due Date for this form (mm/dd/yyyy) 6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GRAFTON TEL CO</p>					
<p>Signature of Authorized Officer: Leigh Sickinger</p>				<p>Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger, email=lsickinger@gtec.net,O=grifton tel co,l=Grafton IL 62037, Date:5/20/2014</p>	
<p>Date: 5/20/2014</p>					
<p>Printed name of Authorized Officer: Leigh Sickinger</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 618-786-3400</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341020</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GRANDVIEW MUTUAL TEL</p>					
<p>Signature of Authorized Officer: Angela Tate</p>				<p>Digitally signed by Angela Tate DN:cn=Angela Tate,email=gmtc@joink.com,O=grandview mutual tel,l= , Date:5/12/2014</p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Angela Tate</p>					
<p>Title or position of Authorized Officer: Treasurer</p>					
<p>Telephone number of Authorized Officer: 217-946-4101</p>					
<p>Study Area Code of Reporting Carrier</p>	341021		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GRIDLEY TEL CO					
Signature of Authorized Officer: Herb Flesher				<small>Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel co,l=Gridley IL 61744-0129, Date:5/8/2014</small> Date: 5/8/2014	
Printed name of Authorized Officer: Herb Flesher					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 309-747-3780					
Study Area Code of Reporting Carrier	341023		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Hamilton County Telephone Co-op			
Signature of Authorized Officer 			Date 5/19/14
Printed name of Authorized Officer Kevin Pyle			
Title or position of Authorized Officer GM/EVP			
Telephone number of Authorized Officer: 618736 2211 , ext. _____			
Study Area Code of Reporting Carrier	341024	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Shawnee Telephone Company				
Signature of Authorized Officer 				Date 5/13/2014
Printed name of Authorized Officer James Coyle				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (618) 276-4211 , ext.				
Study Area Code of Reporting Carrier	341025		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HENRY COUNTY TEL CO</p>					
<p>Signature of Authorized Officer: Scott Rubins</p>				<p>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=henry county tel co,l=Geneseo IL 61254-0330, Date:5/13/2014</p>	
<p>Date: 5/13/2014</p>					
<p>Printed name of Authorized Officer: Scott Rubins</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 309-944-2103</p>					
Study Area Code of Reporting Carrier	341029		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Cert. # 10

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Home Telephone Co.</u>			
Signature of Authorized Officer <u>Eric Schmidt</u>		Date <u>5/15/14</u>	
Printed name of Authorized Officer <u>Eric Schmidt</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: (<u>618</u>) <u>444-2111</u> , ext. _____			
Study Area Code of Reporting Carrier <u>341032</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: KINSMAN MUTUAL TEL</p>					
<p>Signature of Authorized Officer: Michelle Baudino</p>				<p>Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel,l=Kinsman IL 60437, Date:5/12/2014</p>	
<p>Date: 5/12/2014</p>					
<p>Printed name of Authorized Officer: Michelle Baudino</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 815-392-4210</p>					
Study Area Code of Reporting Carrier	341041		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LA HARPE TEL CO</p>					
<p>Signature of Authorized Officer: Todd Irish</p>				<p>Digitally signed by Todd Irish DN:cn=Todd Irish,email=todd@laharpetelephone.com,O=la harpe tel co,l=La Harpe IL 61450, Date:5/9/2014</p>	
<p>Date: 5/9/2014</p>					
<p>Printed name of Authorized Officer: Todd Irish</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 217-659-7721</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341043</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LEAF RIVER TEL CO</p>					
<p>Signature of Authorized Officer: Aaron Palmer</p>				<p><small>Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lrnet1.com,O=leaf river tel co,l=Leaf River IL 61047, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Aaron Palmer</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 815-738-2216</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341045</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <i>Leonore Mutual Telephone Co., Inc</i>			
Signature of Authorized Officer <i>Donna Naas</i>			Date <i>5-20-14</i>
Printed name of Authorized Officer <i>Donna Naas</i>			
Title or position of Authorized Officer <i>Assistant Secretary</i>			
Telephone number of Authorized Officer: <i>(815) 856-3161 ext.</i>			
Study Area Code of Reporting Carrier	<i>341046</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2014</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MCDONOUGH TEL COOP					
Signature of Authorized Officer: Jay Griswold				Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jay@mdtc.net,O=mcdonough tel coop,l=Colchester IL 62326, Date:5/14/2014	
Date: 5/14/2014					
Printed name of Authorized Officer: Jay Griswold					
Title or position of Authorized Officer: Vice President of Finance					
Telephone number of Authorized Officer: 309-776-3211					
Study Area Code of Reporting Carrier	341047		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **McNabb Telephone Company**

Signature of Authorized Officer *Roger Pietsch, Pres.*

Date **5/12/2014**

Printed name of Authorized Officer **Roger Pietsch**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(815) 882-2201** ext.

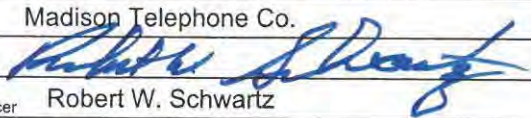
Study Area Code of Reporting Carrier **341048**

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Madison Telephone Co.				
Signature of Authorized Officer 				Date 05/12/2014
Printed name of Authorized Officer Robert W. Schwartz				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (618) 635-3214 ext.				
Study Area Code of Reporting Carrier	341049	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Madison Telephone Company				
Signature of Authorized Officer 				Date 10/23/2014
Printed name of Authorized Officer Robert W. Schwartz				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (618) 635-1000 ext. _____				
Study Area Code of Reporting Carrier		341049	Filing Due Date for this form (mm/dd/yyyy)	November 2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MARSEILLES TEL CO					
Signature of Authorized Officer: Ann Dickerson				<small>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=marseilles tel co,l=Metamora IL 61548-0800, Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Ann Dickerson					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 309-367-4197					
Study Area Code of Reporting Carrier	341050		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: METAMORA TEL CO					
Signature of Authorized Officer: Ann Dickerson				<small>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=metamora tel co,l=Metamora IL 61548-0800, Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: Ann Dickerson					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 309-367-4197					
Study Area Code of Reporting Carrier	341053		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MIDCENTURY TEL CO-OP					
Signature of Authorized Officer: James Broemmer, Jr.				<small>Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jbroemmer@midcentury.com,O=midcentury tel co-op,IL=Fairview IL 61432, Date:5/13/2014</small> Date: 5/13/2014	
Printed name of Authorized Officer: James Broemmer, Jr.					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 309-778-8611					
Study Area Code of Reporting Carrier	341054		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				MONTROSE MUTUAL TEL. CO., INC		
Signature of Authorized Officer			George P. Tays		Date	5-19-14
Printed name of Authorized Officer				George P. TAYS		
Title or position of Authorized Officer				Sec / TREAS		
Telephone number of Authorized Officer:				212-925-5242		
Study Area Code of Reporting Carrier		341058	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Moultrie Independent Telephone Company**

Signature of Authorized Officer

Date **5/12/2014**Printed name of Authorized Officer **Steven G. Bowers**Title or position of Authorized Officer **President**Telephone number of Authorized Officer: **(217) 873-5211**, ext.

Study Area Code of Reporting Carrier

341060Filing Due Date for this form
(mm/dd/yyyy)**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>New Windsor Telephone Company</u>			
Signature of Authorized Officer <u>Richard W. Ristau</u>		Date <u>5/12/2014</u>	
Printed name of Authorized Officer <u>Richard Ristau</u>			
Title or position of Authorized Officer <u>Secretary</u>			
Telephone number of Authorized Officer: <u>(309) 667-2712</u> ext.			
Study Area Code of Reporting Carrier	<u>341062</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Oneida Telephone Exchange**

Signature of Authorized Officer *Gary Peterson*

Date **May 7, 2014**

Printed name of Authorized Officer **Gary Peterson**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(309) 483-3111**, ext.

Study Area Code of Reporting Carrier **341066**

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: REYNOLDS TEL CO, INC</p>					
<p>Signature of Authorized Officer: Grace Ochsner</p>				<p><small>Digitally signed by Grace Ochsner DN:cn=Grace Ochsner,email=wins1@reysel.net,O=reynolds tel co, inc,l=Reynolds IL 61279-0027, Date:5/15/2014</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Grace Ochsner</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 309-372-4490</p>					
<p>Study Area Code of Reporting Carrier</p>	341075		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Tonica Telephone Company</u>			
Signature of Authorized Officer <u><i>Lloyd Vogel</i></u>			Date <u>5/12/2014</u>
Printed name of Authorized Officer <u>Lloyd Vogel</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>(815) 442-9901</u> ext. _____			
Study Area Code of Reporting Carrier	<u>341086</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>06/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Viola Home Telephone Co.</u>			
Signature of Authorized Officer <u><i>Robert L. Millikan</i></u>			Date <u>5/15/2014</u>
Printed name of Authorized Officer <u>Robert L. Millikan</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>3095962222</u> xt.			
Study Area Code of Reporting Carrier	<u>341087</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WABASH TEL COOP, INC</p>					
<p>Signature of Authorized Officer: Jeff Williams</p>				<p><small>Digitally signed by Jeff Williams DN:cn=Jeff Williams,email=jwilliams@wabash.net,O=wabash tel coop, inc,l=Louisville IL 62858-0299, Date:5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Jeff Williams</p>					
<p>Title or position of Authorized Officer: General Manager/EVP</p>					
<p>Telephone number of Authorized Officer: 618-665-9925</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341088</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

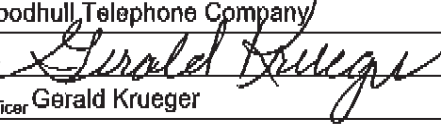
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WABASH TEL COOP, INC</p>					
<p>Signature of Authorized Officer: Jeff Williams</p>				<p><small>Digitally signed by Jeff Williams DN:cn=Jeff Williams,email=jwilliams@wabash.net,O=wabash tel coop, inc,l=Louisville IL 62858-0299, Date:10/29/2014</small></p>	
<p>Date: 10/29/2014</p>					
<p>Printed name of Authorized Officer: Jeff Williams</p>					
<p>Title or position of Authorized Officer: General Manager/EVP</p>					
<p>Telephone number of Authorized Officer: 618-665-9925</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341088</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>11/14/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WABASH TEL COOP, INC</p>					
<p>Signature of Authorized Officer: Jeff Williams</p>				<p>Digitally signed by Jeff Williams DN:cn=Jeff Williams,email=jwilliams@wabash.net,O=wabash tel coop, inc,l=Louisville IL 62858-0299, Date:12/23/2014</p>	
<p>Date: 12/23/2014</p>					
<p>Printed name of Authorized Officer: Jeff Williams</p>					
<p>Title or position of Authorized Officer: General Manager/EVP</p>					
<p>Telephone number of Authorized Officer: 618-665-9925</p>					
Study Area Code of Reporting Carrier	341088		Filing Due Date for this form (mm/dd/yyyy)	1/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

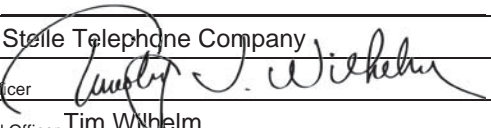
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Woodhull Telephone Company				
Signature of Authorized Officer 				Date 5/15/2014
Printed name of Authorized Officer Gerald Krueger				
Title or position of Authorized Officer Vice-President				
Telephone number of Authorized Officer: (309) 334-2150 ext.				
Study Area Code of Reporting Carrier		34-1091	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Stalle Telephone Company	
Signature of Authorized Officer					
Date			5/12/2014		
Printed name of Authorized Officer				Tim Wilhelm	
Title or position of Authorized Officer				Secretary	
Telephone number of Authorized Officer: (815) 256-2299 ext. _____					
Study Area Code of Reporting Carrier		341092		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <u>REASNOR TEL. CO.</u></p>					
<p>Signature of Authorized Officer: <u>Gary Neill</u></p>				<p><small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=reasnor tel. co.,l= , Date:5/15/2014</small></p> <p>Date: <u>5/15/2014</u></p>	
<p>Printed name of Authorized Officer: <u>Gary Neill</u></p>					
<p>Title or position of Authorized Officer: <u>Consultant</u></p>					
<p>Telephone number of Authorized Officer: <u>402-477-1354</u></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><u>350739</u></p>	<p><u> </u></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><u>6/16/2014</u></p>	<p><u> </u></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ANDREW TEL CO INC</p>					
<p>Signature of Authorized Officer: JoAnne Gregorich</p>				<p>Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel co inc,l=LaMotte IA 52054, Date:5/9/2014</p>	
<p>Date: 5/9/2014</p>					
<p>Printed name of Authorized Officer: JoAnne Gregorich</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 563-773-2213</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351097</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ARCADIA TEL CO</p>					
<p>Signature of Authorized Officer: Sheila Griffin</p>				<p><small>Digitally signed by Sheila Griffin DN:cn=Sheila Griffin,email=sheilag@netins.net,O=arcadia tel co,l=Arcadia IA 51430, Date:5/15/2014</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Sheila Griffin</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 712-689-2238</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351098</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ATKINS TEL CO, INC					
Signature of Authorized Officer: Gerald Spaight				<small>Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel co, inc,l=Atkins IA 52206, Date:5/8/2014</small> Date: 5/8/2014	
Printed name of Authorized Officer: Gerald Spaight					
Title or position of Authorized Officer: General Manager / Treasurer					
Telephone number of Authorized Officer: 319-446-7331					
Study Area Code of Reporting Carrier	351101		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: AYRSHIRE FARMERS MUT</p>					
<p>Signature of Authorized Officer: Donald Miller</p>				<p><small>Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=ayrshire farmers mut,l=Ayrshire IA 50515-0248, Date:5/14/2014</small></p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer: Donald Miller</p>					
<p>Title or position of Authorized Officer: Manager</p>					
<p>Telephone number of Authorized Officer: 712-776-2222</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351105</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ALPINE COMM.</p>					
<p>Signature of Authorized Officer: Chris Hopp</p>				<p><small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine comm.,l=Elkader IA 52043, Date:5/9/2014</small></p>	
<p>Date: 5/9/2014</p>					
<p>Printed name of Authorized Officer: Chris Hopp</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 563-245-4480</p>					
<p>Study Area Code of Reporting Carrier</p>	351106		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BALDWIN-NASHVILLE					
Signature of Authorized Officer: Brian Rickels				<small>Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville,l=Bal dwin IA 52207-0050, Date:5/7/2014</small> Date: 5/7/2014	
Printed name of Authorized Officer: Brian Rickels					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 563-673-6001					
Study Area Code of Reporting Carrier	351107		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <u>Barnes City Cooperative Telephone Company</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date <u>05/07/2014</u>
Printed name of Authorized Officer <u>Doris M. Freeborn</u>			
Title or position of Authorized Officer <u>Secretary / Treasurer</u>			
Telephone number of Authorized Officer <u>(641) 644-5214</u>			
Study Area Code of Reporting Carrier <u>35-1108</u>	Filing Due Date for this form (mm/dd/yyyy) <u>6/16/2014</u>		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

Post-it® Fax Note 7671		Date <u>05/07/2014</u>	# of pages <u>4</u>
TO <u>Omaha</u>	CAF ICC Data	FROM <u>Doris M. Freeborn</u>	
Co./Dept. <u>NECA</u>		Co. <u>Barnes City Telephone</u>	
Phone # <u>1-800-228-0180</u>		Phone # <u>(641) 644-5214</u>	
Fax # <u>1-800-367-5058</u>		Fax # <u>(641) 644-5200</u>	

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BERNARD TEL CO INC					
Signature of Authorized Officer: Kyle Manders				<small>Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel co inc,l=Bernard IA 52032-0068, Date:5/9/2014</small> Date: 5/9/2014	
Printed name of Authorized Officer: Kyle Manders					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-879-3203					
Study Area Code of Reporting Carrier	351110		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BREDA TEL CORP.					
Signature of Authorized Officer: Jane Morlok				<small>Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=breda tel corp.,l=Breda IA 51436-0190, Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer: Jane Morlok					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-673-8101					
Study Area Code of Reporting Carrier	351112		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Brooklyn Mutual Telecommunications Cooperative	
Signature of Authorized Officer			<i>Tim Atkinson</i>		
Printed name of Authorized Officer			Tim Atkinson		
Title or position of Authorized Officer			General Manager & Compliance Officer		
Telephone number of Authorized Officer:			(641) 522-9211 ext.		
Study Area Code of Reporting Carrier		351113	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TITONKA-BURT (BURT)</p>					
<p>Signature of Authorized Officer: Vicky Nelson</p>				<p><small>Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt(burt),l=Titonka IA 50480-0321, Date:5/15/2014</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Vicky Nelson</p>					
<p>Title or position of Authorized Officer: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer: 515-928-2110</p>					
<p>Study Area Code of Reporting Carrier</p>	351114		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BUTLER-BREMER MUTUAL</p>					
<p>Signature of Authorized Officer: Richard McBurney</p>				<p>Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=butler-bremer mutual,l=Plainfield IA 50666-0099, Date:5/7/2014</p>	
<p>Date: 5/7/2014</p>					
<p>Printed name of Authorized Officer: Richard McBurney</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 319-276-4458</p>					
Study Area Code of Reporting Carrier	351115		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CASCADE COMM. CO.</p>					
<p>Signature of Authorized Officer: David Gibson</p>				<p><small>Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade comm. co.,l=Cascade IA 52033-0250, Date:5/9/2014</small></p> <p>Date: 5/9/2014</p>	
<p>Printed name of Authorized Officer: David Gibson</p>					
<p>Title or position of Authorized Officer: General Manager/Compliance Officer</p>					
<p>Telephone number of Authorized Officer: 563-852-3710</p>					
<p>Study Area Code of Reporting Carrier</p>	351118		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CASEY MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer: John Breining</p>				<p><small>Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel co,l=Casey IA 50048, Date:5/20/2014</small></p> <p>Date: 5/20/2014</p>	
<p>Printed name of Authorized Officer: John Breining</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 641-746-2222</p>					
<p>Study Area Code of Reporting Carrier</p>	351119		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Center Junction Telephone Company Inc.	
Signature of Authorized Officer					
Printed name of Authorized Officer			Russ Benke		
Title or position of Authorized Officer			Chief Operating Officer		
Telephone number of Authorized Officer:			(563) 487-2631 ext.		
Study Area Code of Reporting Carrier		351121		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CENTRAL SCOTT TEL CO</p>					
<p>Signature of Authorized Officer: Kent Dau</p>				<p><small>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@centralscott.com,O=central scott tel co,l=Eldridge IA 52748, Date:5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Kent Dau</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 563-285-9611</p>					
<p>Study Area Code of Reporting Carrier</p>	351125		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Citizens Mutual Telephone Cooperative**

Signature of Authorized Officer

Date **May 12, 2014**

Printed name of Authorized Officer **Joe Snyder**

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

Telephone number of Authorized Officer: **(641) 664-2074** ext.

Study Area Code of Reporting Carrier

351129

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CLARENCE TEL CO					
Signature of Authorized Officer: Curtis Eldred				<small>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=cpeldre@netins.net,O=clarence tel co,l=Clarence IA 52216, Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer: Curtis Eldred					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 563-452-3852					
Study Area Code of Reporting Carrier	351130		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CLEAR LAKE INDEPEND					
Signature of Authorized Officer: Thomas Lovell				<small>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@cltel.com,O=clear lake independ, Clear Lake IA 50428-0066, Date:5/20/2014</small> Date: 5/20/2014	
Printed name of Authorized Officer: Thomas Lovell					
Title or position of Authorized Officer: General Manager/Vice President					
Telephone number of Authorized Officer: 641-357-2111					
Study Area Code of Reporting Carrier	351132		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: C-M-L TEL COOP ASSN</p>					
<p>Signature of Authorized Officer: Bruce Johnson</p>				<p><small>Digitally signed by Bruce Johnson DN:cn=Bruce Johnson,email=cm1telco@netins.net,O=c-m-l tel coop assn,l=Meriden IA 51037-0018, Date:5/8/2014</small></p> <p>Date: 5/8/2014</p>	
<p>Printed name of Authorized Officer: Bruce Johnson</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 712-443-8222</p>					
<p>Study Area Code of Reporting Carrier</p>	351133		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Colo Telephone Company				
Signature of Authorized Officer <i>Larry W. Springer</i>				Date 5-9-2014
Printed name of Authorized Officer Larry W. Springer				
Title or position of Authorized Officer General Manager & CEO				
Telephone number of Authorized Officer: (641) 377-2202 ext.				
Study Area Code of Reporting Carrier	351134	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Coon Creek Telephone Co.**

Signature of Authorized Officer *Duane Andrew*

Date **5-14-14**

Printed name of Authorized Officer **Duane Andrew**

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

Telephone number of Authorized Officer: **(319) 454-6234** ext.

Study Area Code of Reporting Carrier **351136**

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Coon Valley Cooperative Telephone Assn Inc</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date <u>5-7-14</u>
Printed name of Authorized Officer <u>Jim Nelson</u>			
Title or position of Authorized Officer <u>General Manager</u>			
Telephone number of Authorized Officer: () ext. <u>641-524-2111</u>			
Study Area Code of Reporting Carrier	<u>351137</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Cooperative Telephone Company				
Signature of Authorized Officer <i>Scott A. Schabacker</i>				Date 5-15-2014
Printed name of Authorized Officer Scott A. Schabacker				
Title or position of Authorized Officer Chief Operating Officer				
Telephone number of Authorized Officer: (319) 647-3131, ext.				
Study Area Code of Reporting Carrier	351139	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CORN BELT TEL CO</p>					
<p>Signature of Authorized Officer: Larry Neppl</p>				<p>Digitally signed by Larry Neppl DN:cn=Larry Neppl,email=combelt@netins.net,O=corn belt tel co,l=Wall Lake IA 51466, Date:5/19/2014</p>	
<p>Date: 5/19/2014</p>					
<p>Printed name of Authorized Officer: Larry Neppl</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 712-664-2499</p>					
<p>Study Area Code of Reporting Carrier</p>	351141		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Cumberland Telephone Company			
Signature of Authorized Officer: <i>Ronald Benton</i>			Date: May 7, 2014
Printed name of Authorized Officer: Ronald Benton			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: (712) 774-2221 ext.			
Study Area Code of Reporting Carrier	351146	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: Danville Mutual Telephone Company			
Signature of Authorized Officer: 			Date: 5/7/2014
Printed name of Authorized Officer: Timothy J. Fendl			
Title or position of Authorized Officer: General Manager & CEO			
Telephone number of Authorized Officer: (319) 392-4251 ext.			
Study Area Code of Reporting Carrier	351147	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

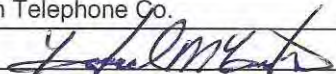
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS (DEFIANCE)</p>					
<p>Signature of Authorized Officer: Thomas Conry</p>				<p><small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (defiance),l=Harlan IA 51537-0311, Date:5/7/2014</small></p> <p>Date: 5/7/2014</p>	
<p>Printed name of Authorized Officer: Thomas Conry</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 712-744-3131</p>					
<p>Study Area Code of Reporting Carrier</p>	351149		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Dixon Telephone Co.			
Signature of Authorized Officer 			Date 05/15/2014
Printed name of Authorized Officer Howard M Hunt Jr.			
Title or position of Authorized Officer Manager			
Telephone number of Authorized Officer: (563) 843-2901 ext.			
Study Area Code of Reporting Carrier	351150	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DUMONT TEL CO</p>					
<p>Signature of Authorized Officer: Roger Kregel</p>				<p>Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@netins.net,O=dumont tel co,l=Dumont IA 50625-0349, Date:5/7/2014</p>	
<p>Date: 5/7/2014</p>					
<p>Printed name of Authorized Officer: Roger Kregel</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 641-857-3211</p>					
<p>Study Area Code of Reporting Carrier</p>	351152		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <i>Dunkerton Telephone Cooperative</i>			
Signature of Authorized Officer <i>[Signature]</i>			Date <i>5-8-14</i>
Printed name of Authorized Officer <i>Sue Bruns</i>			
Title or position of Authorized Officer <i>CEO</i>			
Telephone number of Authorized Officer: <i>319 822 450 ext.</i>			
Study Area Code of Reporting Carrier	<i>351153</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2014</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

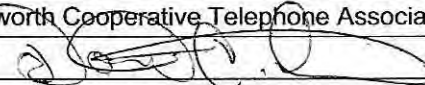
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: EAST BUCHANAN COOP</p>					
<p>Signature of Authorized Officer: Butch Rorabaugh</p>				<p>Digitally signed by Butch Rorabaugh DN:cn=Butch Rorabaugh,email=butch.rorabaugh@eastbuchanan.com,O=east buchanan coop,l=Winthrop IA 50682, Date:5/14/2014</p>	
<p>Date: 5/14/2014</p>					
<p>Printed name of Authorized Officer: Butch Rorabaugh</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 319-935-3011</p>					
<p>Study Area Code of Reporting Carrier</p>	351156		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Ellsworth Cooperative Telephone Association

Signature of Authorized Officer 

Date 5-19-2014

Printed name of Authorized Officer Dave Clark

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (515) 836-4431, ext. _____

Study Area Code of Reporting Carrier 351157

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MINBURN TELECOMM.</p>					
<p>Signature of Authorized Officer: Debra Lucht</p>				<p><small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecomm.,l=Minburn IA 50167, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Debra Lucht</p>					
<p>Title or position of Authorized Officer: General Manager/Assistant Secretary</p>					
<p>Telephone number of Authorized Officer: 515-677-2264</p>					
<p>Study Area Code of Reporting Carrier</p>	351158		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier F&B Communications, Inc.			
Signature of Authorized Officer <i>Charles Freese</i>			Date 5/7/2014
Printed name of Authorized Officer Charles Freese			
Title or position of Authorized Officer Secretary/Treasurer			
Telephone number of Authorized Officer: (563) 374-1236 Ext.			
Study Area Code of Reporting Carrier	351160	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		FARMERS COOPERATIVE TELEPHONE COMPANY	
Signature of Authorized Officer		Date 5/16/14	
Printed name of Authorized Officer		WADE WILSON	
Title or position of Authorized Officer		BOARD PRESIDENT	
Telephone number of Authorized Officer		319-476-7800	
Study Area Code of Reporting Carrier	351162	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS & MERCHANTS</p>					
<p>Signature of Authorized Officer: Rex McGuire</p>				<p><small>Digitally signed by Rex McGuire DN:cn=Rex McGuire,email=manager@farmtel.com,O=farmers & merchants,l=Wayland IA 52654-0247, Date:5/8/2014</small></p> <p>Date: 5/8/2014</p>	
<p>Printed name of Authorized Officer: Rex McGuire</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 319-256-2736</p>					
<p>Study Area Code of Reporting Carrier</p>	351166		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL COOP</p>					
<p>Signature of Authorized Officer: Thomas Conry</p>				<p><small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop,i=Harlan IA 51537-0311, Date:5/7/2014</small></p> <p>Date: 5/7/2014</p>	
<p>Printed name of Authorized Officer: Thomas Conry</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 712-744-3131</p>					
<p>Study Area Code of Reporting Carrier</p>	351168		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL COOP</p>					
<p>Signature of Authorized Officer: Tammy Wheeler</p>				<p><small>Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop,l=Moulton IA 52572, Date:5/14/2014</small></p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer: Tammy Wheeler</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 641-642-3249</p>					
<p>Study Area Code of Reporting Carrier</p>	351169		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL JESUP</p>					
<p>Signature of Authorized Officer: Tony Lang</p>				<p><small>Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual jesup,l=Jesup IA 50648-0249, Date:5/7/2014</small></p> <p>Date: 5/7/2014</p>	
<p>Printed name of Authorized Officer: Tony Lang</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 319-827-1151</p>					
<p>Study Area Code of Reporting Carrier</p>	351171		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <u>Farmers Mutual Telephone Company</u>			
Signature of Authorized Officer <u>Ronald J. Landner Jr.</u>		Date <u>5/12/14</u>	
Printed name of Authorized Officer <u>Ronald J. Landner Jr.</u>			
Title or position of Authorized Officer <u>President / CEO</u>			
Telephone number of Authorized Officer: <u>(641) 749-2531, ext.</u>			
Study Area Code of Reporting Carrier	<u>351172</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL COOP</p>					
<p>Signature of Authorized Officer: Mark Harrison</p>				<p>Digitally signed by Mark Harrison DN:cn=Mark Harrison,email=mharrison@fmtcs.com,O=farmers mutual coop,l=Shellsburg IA 52332, Date:5/9/2014</p>	
<p>Date: 5/9/2014</p>					
<p>Printed name of Authorized Officer: Mark Harrison</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 319-436-2224</p>					
<p>Study Area Code of Reporting Carrier</p>	351173		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS MUTUAL TEL					
Signature of Authorized Officer: Kevin Cabbage				<small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=farmers mutual tel,l=Stanton IA 51573-0220, Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: Kevin Cabbage					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-829-2111					
Study Area Code of Reporting Carrier	351174		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Farmers Telephone Batavia

Signature of Authorized Officer 

Date May 12, 2014

Printed name of Authorized Officer Joe Snyder

Title or position of Authorized Officer General Manager

Telephone number of Authorized Officer: (641) 664-2074 ext.

Study Area Code of Reporting Carrier

351175

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Farmers Telephone Company

Signature of Authorized Officer

Tim R Hill

Date 05/07/2014

Printed name of Authorized Officer Tim R Hill

Title or position of Authorized Officer General Manager

Telephone number of Authorized Officer: (712) 379-3001 ext.

Study Area Code of Reporting Carrier

351176

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <i>Farmer's Telephone Company</i>			
Signature of Authorized Officer <i>Ronald J. Candner Jr.</i>			Date <i>5/12/14</i>
Printed name of Authorized Officer <i>Ronald J. Candner, Jr.</i>			
Title or position of Authorized Officer <i>President/CEO</i>			
Telephone number of Authorized Officer: <i>641.849-2531 ext.</i>			
Study Area Code of Reporting Carrier	<i>351177</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2014</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FENTON CO-OP TEL CO</p>					
<p>Signature of Authorized Officer: Steven Longhenry</p>				<p><small>Digitally signed by Steven Longhenry DN:cn=Steven Longhenry,email=fntn@netins.net,O=fenton co-op tel co,l=Fenton IA 50539, Date:5/20/2014</small></p> <p>Date: 5/20/2014</p>	
<p>Printed name of Authorized Officer: Steven Longhenry</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 515-889-2785</p>					
<p>Study Area Code of Reporting Carrier</p>	351179		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

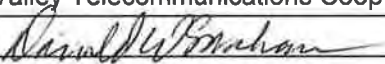
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PARTNER COMM. COOP.					
Signature of Authorized Officer: Arthur Cooper				<small>Digitally signed by Arthur Cooper DN: cn=Arthur Cooper, email=coop@pcctel.net, O=partner comm. coop., = , Date: 5/7/2014</small> Date: 5/7/2014	
Printed name of Authorized Officer: Arthur Cooper					
Title or position of Authorized Officer: Board President					
Telephone number of Authorized Officer: 641-498-7701					
Study Area Code of Reporting Carrier	351187		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Goldfield Telephone Company</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date <u>5/16/14</u>
Printed name of Authorized Officer <u>Troy Seaba</u>			
Title or position of Authorized Officer <u>Secy</u>			
Telephone number of Authorized Officer: () - . ext.			
Study Area Code of Reporting Carrier <u>351188</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier River Valley Telecommunications Coop				
Signature of Authorized Officer 				Date 05/19/2014
Printed name of Authorized Officer Donald Mahan				
Title or position of Authorized Officer Vice-President				
Telephone number of Authorized Officer: (712) 859-3300 ext.				
Study Area Code of Reporting Carrier	351189		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Grand Mound Cooperative Telephone Association				
Signature of Authorized Officer <i>Terri Bumann</i>				Date May 8, 2014
Printed name of Authorized Officer Terri Bumann				
Title or position of Authorized Officer CFO				
Telephone number of Authorized Officer: (563) 847-3002, ext.				
Study Area Code of Reporting Carrier	35-1191	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001				

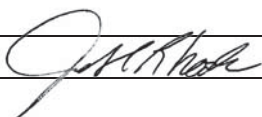
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Griswold Cooperative Telephone Co.</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date <u>5/7/14</u>
Printed name of Authorized Officer <u>Robert A. Drogo</u>			
Title or position of Authorized Officer <u>Executive Vice President</u>			
Telephone number of Authorized Officer: <u>712.778.2121</u> ext. <u> </u>			
Study Area Code of Reporting Carrier <u>35-1195</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Hawkeye Telephone Co	
Signature of Authorized Officer					
Date			5/15/2014		
Printed name of Authorized Officer				Jeffrey T Rhode	
Title or position of Authorized Officer				Compliance officer / General Manager	
Telephone number of Authorized Officer: (563) 427-3222 ext. _____					
Study Area Code of Reporting Carrier		351199		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HOSPERS TEL EXCH INC					
Signature of Authorized Officer: David Raak				<small>Digitally signed by David Raak DN:cn=David Raak, email=dave@hosperstel.com, O=hospers tel exch inc, l=Hospers IA 51238, Date:5/12/2014</small> Date: 5/12/2014	
Printed name of Authorized Officer: David Raak					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 712-752-8100					
Study Area Code of Reporting Carrier	351202		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HUBBARD COOP ASSN</p>					
<p>Signature of Authorized Officer: David Lowe</p>				<p><small>Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop assn, n=Hubbard IA 50122-0428, Date:5/7/2014</small></p> <p>Date: 5/7/2014</p>	
<p>Printed name of Authorized Officer: David Lowe</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 641-864-2216</p>					
<p>Study Area Code of Reporting Carrier</p>	351203		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HUXLEY COMM. COOP.</p>					
<p>Signature of Authorized Officer: Gary Clark</p>				<p><small>Digitally signed by Gary Clark DN:cn=Gary Clark,email=garyc@huxleycommunications.net,O=huxley comm. coop.,l=Huxley IA 50124-0036, Date:5/7/2014</small></p> <p>Date: 5/7/2014</p>	
<p>Printed name of Authorized Officer: Gary Clark</p>					
<p>Title or position of Authorized Officer: General Manager and Executive VP</p>					
<p>Telephone number of Authorized Officer: 515-597-2281</p>					
<p>Study Area Code of Reporting Carrier</p>	351205		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: IAMO TEL CO - IA</p>					
<p>Signature of Authorized Officer: Jack Jones</p>				<p><small>Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel co - ia, Coin IA 51636, Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Jack Jones</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 712-583-3232</p>					
<p>Study Area Code of Reporting Carrier</p>	351206		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: INTERSTATE 35 TEL CO</p>					
<p>Signature of Authorized Officer: Mike Weis</p>				<p>Digitally signed by Mike Weis DN:cn=Mike Weis,email=mikew@interstatecom.com,O=interstate 35 tel co,l=Truro IA 50257-0229, Date:5/20/2014</p>	
<p>Date: 5/20/2014</p>					
<p>Printed name of Authorized Officer: Mike Weis</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 641-765-4201</p>					
<p>Study Area Code of Reporting Carrier</p>	351209		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: KALONA COOP TEL CO</p>					
<p>Signature of Authorized Officer: Casey Peck</p>				<p><small>Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey@kctc.net,O=kalona coop tel co,l=Kalona IA 52247-1208, Date:5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Casey Peck</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 319-656-3668</p>					
<p>Study Area Code of Reporting Carrier</p>	351214		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Keystone Farmers Coop Telephone CompanySignature of Authorized Officer Byran KimmDate 5-19-14Printed name of Authorized Officer Byran KimmTitle or position of Authorized Officer General managerTelephone number of Authorized Officer: (319) 442-3241 ext.

Study Area Code of Reporting Carrier

351217Filing Due Date for this form
(mm/dd/yyyy)6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <u>LA PORTE CITY TEL CO</u></p>					
<p>Signature of Authorized Officer: <u>Chris Hopp</u></p>				<p>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel co,l=Elkader IA 52043, Date:5/9/2014</p>	
<p>Date: <u>5/9/2014</u></p>					
<p>Printed name of Authorized Officer: <u>Chris Hopp</u></p>					
<p>Title or position of Authorized Officer: <u>Executive Secretary</u></p>					
<p>Telephone number of Authorized Officer: <u>563-245-4480</u></p>					
<p>Study Area Code of Reporting Carrier</p>	<u>351220</u>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<u>6/16/2014</u>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LA MOTTE TEL CO					
Signature of Authorized Officer: JoAnne Gregorich				<small>Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=la motte tel co,l=LaMotte IA 52054, Date:5/9/2014</small> Date: 5/9/2014	
Printed name of Authorized Officer: JoAnne Gregorich					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-773-2213					
Study Area Code of Reporting Carrier	351222		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LEHIGH VALLEY COOP</p>					
<p>Signature of Authorized Officer: Jim Suchan</p>				<p><small>Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop,l=Lehigh IA 50557-0137, Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Jim Suchan</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 515-359-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351225</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Lone Rock Coop Tel. Co.</u>			
Signature of Authorized Officer <u>Roger P. Jensen</u>			Date <u>5-16-14</u>
Printed name of Authorized Officer <u>Roger P. Jensen</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer <u>515-925-3659</u>			
Study Area Code of Reporting Carrier	<u>351228</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

Transmittal No. 1423

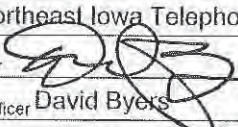
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LOST NATION-ELWOOD</p>					
<p>Signature of Authorized Officer: Kelly Johnson</p>				<p>Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kjohnson@lnetelco.com,O=lost nation-elwood,l=Lost Nation IA 52254, Date:5/16/2014</p>	
<p>Date: 5/16/2014</p>					
<p>Printed name of Authorized Officer: Kelly Johnson</p>					
<p>Title or position of Authorized Officer: General Manager /CEO</p>					
<p>Telephone number of Authorized Officer: 563-678-2470</p>					
<p>Study Area Code of Reporting Carrier</p>	351229		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Northeast Iowa Telephone Company			
Signature of Authorized Officer: 			Date: 5/12/14
Printed name of Authorized Officer: David Byers			
Title or position of Authorized Officer: Assistant Secretary/General Manager			
Telephone number of Authorized Officer: (563) 539-2122 , ext.			
Study Area Code of Reporting Carrier	351230	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LYNNVILLE TEL. CO.					
Signature of Authorized Officer: Gary Neill				<small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=lynnville tel. co.,l= , Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Gary Neill					
Title or position of Authorized Officer: Consultant					
Telephone number of Authorized Officer: 402-477-1354					
Study Area Code of Reporting Carrier	351232		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

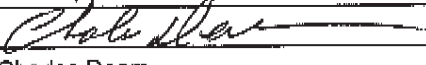
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS (MANILLA)					
Signature of Authorized Officer: Thomas Conry				<small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (manilla),l=Harlan IA 51537-0311, Date:5/7/2014</small> Date: 5/7/2014	
Printed name of Authorized Officer: Thomas Conry					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-744-3131					
Study Area Code of Reporting Carrier	351235		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MARNE & ELK HORN TEL					
Signature of Authorized Officer: Janell Hansen				<small>Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=marne & elk horn tel,l=Elk Horn IA 51531, Date:5/7/2014</small> Date: 5/7/2014	
Printed name of Authorized Officer: Janell Hansen					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 712-764-6161					
Study Area Code of Reporting Carrier	351237		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

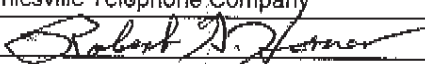
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Martelle Cooperative Telephone Association			
Signature of Authorized Officer: 		Date: 5-14-2014	
Printed name of Authorized Officer: Charles Deam			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: (319) 482-2381 ext.			
Study Area Code of Reporting Carrier	351238	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MASSENA TEL CO</p>					
<p>Signature of Authorized Officer: Kathleen Foster</p>				<p><small>Digitally signed by Kathleen Foster DN:cn=Kathleen Foster,email=kfoster@netins.net,O=massena tel co,l=Massena IA 50853, Date:5/8/2014</small></p> <p>Date: 5/8/2014</p>	
<p>Printed name of Authorized Officer: Kathleen Foster</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 712-779-2227</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351239</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Mechanicsville Telephone Company			
Signature of Authorized Officer 			Date 5-13-2014
Printed name of Authorized Officer Robert G. Horner			
Title or position of Authorized Officer Sec. Tres.			
Telephone number of Authorized Officer: (563) 432-7221 ext.			
Study Area Code of Reporting Carrier	351241	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Miles Cooperative Telephone Association			
Signature of Authorized Officer <i>Don Bales</i>		Date 05/09/2014	
Printed name of Authorized Officer Donald Bales			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (563) 682-7111 , ext.			
Study Area Code of Reporting Carrier	351242	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MINBURN TEL CO					
Signature of Authorized Officer: Debra Lucht				<small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn tel co,l=Minburn IA 50167, Date:5/12/2014</small> Date: 5/12/2014	
Printed name of Authorized Officer: Debra Lucht					
Title or position of Authorized Officer: General Manager/Assistant Secretary					
Telephone number of Authorized Officer: 515-677-2264					
Study Area Code of Reporting Carrier	351245		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MINERVA VALLEY TEL</p>					
<p>Signature of Authorized Officer: Levi Bappe</p>				<p>Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=mvitv@netins.net,O=minerva valley tel,l=Zearing IA 50278-0176, Date:5/19/2014</p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Levi Bappe</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 641-487-7399</p>					
<p>Study Area Code of Reporting Carrier</p>	351246		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MODERN COOP TEL CO</p>					
<p>Signature of Authorized Officer: Jeffrey Brower</p>				<p>Digitally signed by Jeffrey Brower DN:cn=Jeffrey Brower,email=jbrower@netins.net,O=modern coop tel co,l=South English IA 52335, Date:5/7/2014</p>	
<p>Date: 5/7/2014</p>					
<p>Printed name of Authorized Officer: Jeffrey Brower</p>					
<p>Title or position of Authorized Officer: General Manager/COO</p>					
<p>Telephone number of Authorized Officer: 319-667-2375</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351247</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Mutual Telephone Company of Morning Sun</u>			
Signature of Authorized Officer <u>Randy For</u>		Date <u>5/7/2014</u>	
Printed name of Authorized Officer <u>Randy For</u>			
Title or position of Authorized Officer <u>Executive Vice President</u>			
Telephone number of Authorized Officer: <u>819 868 7632</u> ext.			
Study Area Code of Reporting Carrier	<u>351250</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MEDIAPOLIS TEL CO					
Signature of Authorized Officer: William Malcom				<small>Digitally signed by William Malcom DN:cn=William Malcom,email=bmalcom@mepotelco.net,O=mediapolis tel co,l=Mediapolis IA 52637, Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: William Malcom					
Title or position of Authorized Officer: General Manager & CEO					
Telephone number of Authorized Officer: 319-394-3456					
Study Area Code of Reporting Carrier	351251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer: Doug Boone</p>				<p><small>Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=mutual tel co,l=Sioux Center IA 51250, Date:5/15/2014</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Doug Boone</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 712-722-3451</p>					
<p>Study Area Code of Reporting Carrier</p>	351252		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					