

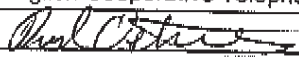
TO BE COMPLETED BY THE REPORTING CARRIER,

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 North English Cooperative Telephone Company

Signature of Authorized Officer



Date 5/7/2014

Printed name of Authorized Officer Reed Osterberg

Title or position of Authorized Officer COO

Telephone number of Authorized Officer: (319) 664-3821 ext.

Study Area Code of Reporting Carrier

351257

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: NORTHERN IOWA 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=northern iowa 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> | 351259 | | <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> | | | | | |

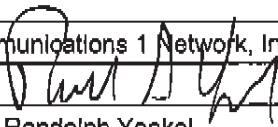
TO BE COMPLETED BY THE REPORTING CARRIER.

| 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: NORTHWEST IOWA TEL | | | | | |
| Signature of Authorized Officer: Paul Bergmann | | | | <small>Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=paul.bergmann@longlines.biz,O=northwest iowa tel,l=Sergeant Bluff IA 51054, Date:5/14/2014</small> Date: 5/14/2014 | |
| Printed name of Authorized Officer: Paul Bergmann | | | | | |
| Title or position of Authorized Officer: President | | | | | |
| Telephone number of Authorized Officer: 712-271-5535 | | | | | |
| Study Area Code of Reporting Carrier | 351260 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: NORTHWEST TEL COOP | | | | | |
| Signature of Authorized Officer: Donald Miller | | | | <small>Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest tel coop,l=Havelock IA 50546, Date:5/9/2014</small> Date: 5/9/2014 | |
| Printed name of Authorized Officer: Donald Miller | | | | | |
| Title or position of Authorized Officer: CEO | | | | | |
| Telephone number of Authorized Officer: 712-776-2222 | | | | | |
| Study Area Code of Reporting Carrier | 351261 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Communications 1 Network, Inc | | | | |
| Signature of Authorized Officer  | | | Date 05/08/2014 | |
| Printed name of Authorized Officer Randolph Yeakel | | | | |
| Title or position of Authorized Officer COO | | | | |
| Telephone number of Authorized Officer: (641) 762-3772 ext. | | | | |
| Study Area Code of Reporting Carrier | 351262 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: OGDEN TEL CO - IA</p> | | | | | |
| <p>Signature of Authorized Officer: Gary Clark</p> | | | | <p><small>Digitally signed by Gary Clark DN:cn=Gary Clark,email=ogdentelgary@netins.net,O=ogden tel co - ia, O=Ogden IA 50212, Date:5/8/2014</small></p> <p>Date: 5/8/2014</p> | |
| <p>Printed name of Authorized Officer: Gary Clark</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 515-275-2050</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351263 | | <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: OLIN TEL CO, INC | | | | | |
| Signature of Authorized Officer: Rodney Cozart | | | | <small>Digitally signed by Rodney Cozart DN:cn=Rodney Cozart,email=olintel@netins.net,O=olin tel co, inc,l=Olin IA 52320-0130, Date:5/7/2014</small> Date: 5/7/2014 | |
| Printed name of Authorized Officer: Rodney Cozart | | | | | |
| Title or position of Authorized Officer: Manager | | | | | |
| Telephone number of Authorized Officer: 319-484-2200 | | | | | |
| Study Area Code of Reporting Carrier | 351264 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | Onslow Cooperative Telephone Association | |
| Signature of Authorized Officer | | Date 05/07/2014 | |
| Printed name of Authorized Officer | | Russ A. Benke | |
| Title or position of Authorized Officer | | General Manager | |
| Telephone number of Authorized Officer: | | (563) 485-2833 ext. | |
| Study Area Code of Reporting Carrier | | 351265 | |
| Filing Due Date for this form (mm/dd/yyyy) | | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: ORAN MUTUAL TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Barb Gruetzmacher</p> | | | | <p><small>Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel co, Date:5/7/2014</small></p> <p>Date: 5/7/2014</p> | |
| <p>Printed name of Authorized Officer: Barb Gruetzmacher</p> | | | | | |
| <p>Title or position of Authorized Officer: Secretary-Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 319-638-6006</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351266 | | <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: PALO COOP TEL ASSN</p> | | | | | |
| <p>Signature of Authorized Officer: Kirby Underberg</p> | | | | <p><small>Digitally signed by Kirby Underberg DN: cn=Kirby Underberg, email=kunderberg@netins.net, O=palo coop tel assn, l= , Date: 5/12/2014</small></p> <p>Date: 5/12/2014</p> | |
| <p>Printed name of Authorized Officer: Kirby Underberg</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 319-851-3431</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351269 | | <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: PALMER MUTUAL TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Andy Peterson</p> | | | | <p>Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co,l=Palmer IA 50571, Date:5/7/2014</p> | |
| <p>Date: 5/7/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Andy Peterson</p> | | | | | |
| <p>Title or position of Authorized Officer: President</p> | | | | | |
| <p>Telephone number of Authorized Officer: 712-359-2411</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351270 | | <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>Panora Communications Cooperative</u> | | | | |
| Signature of Authorized Officer <u><i>AMR</i> CEO</u> | | | Date <u>5-7-2014</u> | |
| Printed name of Authorized Officer <u>Andrew M. Randol</u> | | | | |
| Title or position of Authorized Officer <u>CEO</u> | | | | |
| Telephone number of Authorized Officer: <u>(641) 755-2424</u> ext. <u></u> | | | | |
| Study Area Code of Reporting Carrier | | <u>351271</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: PEOPLES TEL CO - IA | | | | | |
| Signature of Authorized Officer: Curt Kawlewski | | | | <small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel co - ia, Date:5/12/2014</small> Date: 5/12/2014 | |
| Printed name of Authorized Officer: Curt Kawlewski | | | | | |
| Title or position of Authorized Officer: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer: 507-233-4172 | | | | | |
| Study Area Code of Reporting Carrier | 351273 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: PRAIRIEBURG TEL CO | | | | | |
| Signature of Authorized Officer: LaRae Reichenauer | | | | <small>Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel co,l= , Date:5/7/2014</small> Date: 5/7/2014 | |
| Printed name of Authorized Officer: LaRae Reichenauer | | | | | |
| Title or position of Authorized Officer: Secretary/Treasurer | | | | | |
| Telephone number of Authorized Officer: 319-437-3611 | | | | | |
| Study Area Code of Reporting Carrier | 351275 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: PRESTON TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Roger Kilburg</p> | | | | <p><small>Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestonel.com,O=preston tel co,l=Preston IA 52069-0167, Date:5/15/2014</small></p> <p>Date: 5/15/2014</p> | |
| <p>Printed name of Authorized Officer: Roger Kilburg</p> | | | | | |
| <p>Title or position of Authorized Officer: Manager/Secretary-Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 563-689-3811</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351276</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: RADCLIFFE TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Edwin Drake</p> | | | | <p><small>Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@netins.net,O=radcliffe tel co,l=Radcliffe IA 50230-0140, Date:5/7/2014</small></p> <p>Date: 5/7/2014</p> | |
| <p>Printed name of Authorized Officer: Edwin Drake</p> | | | | | |
| <p>Title or position of Authorized Officer: Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 515-899-2341</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351277</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 | | Ringsted Telephone | |
| Signature of Authorized Officer | | Date 5/9/2014 | |
| Printed name of Authorized Officer | | Daniel Nelsen | |
| Title or position of Authorized Officer | | Board President | |
| Telephone number of Authorized Officer: | | (712) 866-8000 ext. | |
| Study Area Code of Reporting Carrier | | 351280 | Filing Due Date for this form (mm/dd/yyyy) 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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>ROCKWELL COOP ASSN</u> | | | | | |
| Signature of Authorized Officer: <u>David Severin</u> | | | | <small>Digitally signed by David Severin DN: cn=David Severin, email=rockwell@netins.net, O=rockwell coop assn, j=Rockwell IA 50469, Date: 5/14/2014</small> Date: <u>5/14/2014</u> | |
| Printed name of Authorized Officer: <u>David Severin</u> | | | | | |
| Title or position of Authorized Officer: <u>General Mgr/Assist Secretary-Treasurer</u> | | | | | |
| Telephone number of Authorized Officer: <u>641-822-3212</u> | | | | | |
| Study Area Code of Reporting Carrier | <u>351282</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: ROYAL TEL CO | | | | | |
| Signature of Authorized Officer: Doug Nelson | | | | <small>Digitally signed by Doug Nelson DN:cn=Doug Nelson,email=dnelson@royaltelco.com,O=royal tel co,l=Royal IA 51357, Date:5/9/2014</small> Date: 5/9/2014 | |
| Printed name of Authorized Officer: Doug Nelson | | | | | |
| Title or position of Authorized Officer: General Manager/CCO | | | | | |
| Telephone number of Authorized Officer: 712-933-2615 | | | | | |
| Study Area Code of Reporting Carrier | 351283 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

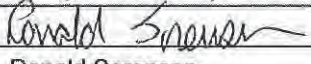
TO BE COMPLETED BY THE REPORTING CARRIER,

| 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 Ruthven Telephone Exchange | | | | |
| 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 | 351284 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | |

FORM 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 | | | | Sac County Mutual Telephone Company | |
| Signature of Authorized Officer | | |  | | Date |
| Printed name of Authorized Officer | | | Ronald Sorensen | | |
| Title or position of Authorized Officer | | | Compliance Officer | | |
| Telephone number of Authorized Officer: (712) 668-2200, ext. | | | | | |
| Study Area Code of Reporting Carrier | 35-1285 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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>Schaller Telephone Company</i> | | | |
| Signature of Authorized Officer <i>Missy Kestel</i> | | Date <i>5-13-14</i> | |
| Printed name of Authorized Officer <i>Missy Kestel</i> | | | |
| Title or position of Authorized Officer <i>Secretary</i> | | | |
| Telephone number of Authorized Officer: <i>712-275-4211</i> | | | |
| Study Area Code of Reporting Carrier <i>351291</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: SEARSBORO TEL CO | | | | | |
| Signature of Authorized Officer: Gary Neill | | | | <small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=searsboro 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 | 351292 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 SHARON TELEPHONE COMPANY | | | | |
| Signature of Authorized Officer <i>Daniel Pieper</i> | | | | Date MAY 7, 2014 |
| Printed name of Authorized Officer DANIEL PIEPER | | | | |
| Title or position of Authorized Officer CHIEF FINANCIAL OFFICER | | | | |
| Telephone number of Authorized Officer: 319.679.2211 ext. | | | | |
| Study Area Code of Reporting Carrier | 351293 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Scranton Telephone Company | | | |
| Signature of Authorized Officer <i>Sam Fengel</i> | | | Date May 7, 2014 |
| Printed name of Authorized Officer Sam Fengel | | | |
| Title or position of Authorized Officer Manager | | | |
| Telephone number of Authorized Officer: (712) 652-3355 ext. | | | |
| Study Area Code of Reporting Carrier | 351294 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: SHELL ROCK COMM</p> | | | | | |
| <p>Signature of Authorized Officer: Richard McBurney</p> | | | | <p><small>Digitally signed by Richard McBurney DN: cn=Richard McBurney, email=rich@butler-bremer.biz, O=shell rock comm, l=Plainfield IA 50666-0099, Date: 5/7/2014</small></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> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351295 | | <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: HEART OF IOWA COMM.</p> | | | | | |
| <p>Signature of Authorized Officer: Bryan Amundson</p> | | | | <p><small>Digitally signed by Bryan Amundson DN:cn=Bryan Amundson,email=bamundson@heartofiowa.coop,O=heart of iowa comm.,l=Union IA 50258-0130, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p> | |
| <p>Printed name of Authorized Officer: Bryan Amundson</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 641-486-2211</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>351297</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: SOUTH SLOPE COOP TEL</p> | | | | | |
| <p>Signature of Authorized Officer: Justyn Miller</p> | | | | <p><small>Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=south slope coop tel,l=North Liberty IA 52317, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p> | |
| <p>Printed name of Authorized Officer: Justyn Miller</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Executive Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 319-626-2211</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351298 | | <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: SOUTHWEST TEL EXCH</p> | | | | | |
| <p>Signature of Authorized Officer: Mike Weis</p> | | | | <p>Digitally signed by Mike Weis DN:cn=Mike Weis,email=mikew@interstatecom.com,O=southwest tel exch,j=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> | <p>351301</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/16/2014</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY 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: SPRINGVILLE COOP TEL</p> | | | | | |
| <p>Signature of Authorized Officer: Jean Schilling</p> | | | | <p>Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvt@netins.net,O=springville coop tel,l=Springville IA 52336-0009, Date:5/7/2014</p> | |
| <p>Date: 5/7/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Jean Schilling</p> | | | | | |
| <p>Title or position of Authorized Officer: Office Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 319-854-6107</p> | | | | | |
| Study Area Code of Reporting Carrier | 351302 | | 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: COOP TEL EXCHANGE</p> | | | | | |
| <p>Signature of Authorized Officer: Marvin Ness</p> | | | | <p><small>Digitally signed by Marvin Ness DN:cn=Marvin Ness,email=cooptelx@netins.net,O=coop tel exchange,l=Stanhope IA 50246, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p> | |
| <p>Printed name of Authorized Officer: Marvin Ness</p> | | | | | |
| <p>Title or position of Authorized Officer: President</p> | | | | | |
| <p>Telephone number of Authorized Officer: 515-826-3206</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351303 | | <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: SO. SLOPE-SWISHER</p> | | | | | |
| <p>Signature of Authorized Officer: Justyn Miller</p> | | | | <p><small>Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=so.slope-swisher,l=North Liberty IA 52317, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p> | |
| <p>Printed name of Authorized Officer: Justyn Miller</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Executive Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 319-626-2211</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351304 | | <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: STRATFORD MUTUAL TEL | | | | | |
| Signature of Authorized Officer: Jen Frank | | | | <small>Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel,l=Stratford IA 50249, Date:5/7/2014</small> Date: 5/7/2014 | |
| Printed name of Authorized Officer: Jen Frank | | | | | |
| Title or position of Authorized Officer: Assistant Secretary/Office Manager | | | | | |
| Telephone number of Authorized Officer: 515-838-2390 | | | | | |
| Study Area Code of Reporting Carrier | 351305 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Sully Telephone Association | | | | |
| Signature of Authorized Officer <i>Arie J. Scholten</i> | | | | Date 5/7/2014 |
| Printed name of Authorized Officer Arie J Scholten | | | | |
| Title or position of Authorized Officer General Manager | | | | |
| Telephone number of Authorized Officer: (641) 594-2905 ext. | | | | |
| Study Area Code of Reporting Carrier | 351306 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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>Superior Telephone Co-op</i> | | | | |
| Signature of Authorized Officer <i>Bob Soat</i> | | | Date <i>5/12/14</i> | |
| Printed name of Authorized Officer <i>Bob Soat</i> | | | | |
| Title or position of Authorized Officer <i>Superior Telephone Co-op board president</i> | | | | |
| Telephone number of Authorized Officer: <i>(712) 858 4448 ext.</i> | | | | |
| Study Area Code of Reporting Carrier | | <i>188</i> | Filing Due Date for this form (mm/dd/yyyy) | <i>6/16/2014</i> |
| | | <i>351307</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 Templeton Telephone CompanySignature of Authorized Officer Patricia SnyderDate 05/09/2014Printed name of Authorized Officer Patricia SnyderTitle or position of Authorized Officer GM/ Secretary/TreasurerTelephone number of Authorized Officer: (712) 669-3311 ext. _____

Study Area Code of Reporting Carrier

351308Filing Due Date for this form
(mm/dd/yyyy)6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: TERRIL TEL. COOP. | | | | | |
| Signature of Authorized Officer: Douglas Nelson | | | | <small>Digitally signed by Douglas Nelson DN:cn=Douglas Nelson,email=dnelson@terril.com,O=terril tel. coop.,l=Terril IA 51364-0100, Date:5/7/2014</small> Date: 5/7/2014 | |
| Printed name of Authorized Officer: Douglas Nelson | | | | | |
| Title or position of Authorized Officer: CEO | | | | | |
| Telephone number of Authorized Officer: 712-853-6121 | | | | | |
| Study Area Code of Reporting Carrier | 351309 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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</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,I=Titonka IA 50480-0321, Date:5/19/2014</small></p> <p>Date: 5/19/2014</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> | 351310 | | <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 United Farmers Telephone Company

Signature of Authorized Officer *Roxanne White*

Date 05/08/2014

Printed name of Authorized Officer Roxanne White

Title or position of Authorized Officer Executive Vice President

Telephone number of Authorized Officer: (712) 834-0220, ext.

Study Area Code of Reporting Carrier 351316

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: VAN BUREN TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Kevin Hranicka</p> | | | | <p><small>Digitally signed by Kevin Hranicka DN:cn=Kevin Hranicka,email=hranicka@netins.net,O=van buren tel co,l=Keosauqua IA 52565-0430, Date:5/7/2014</small></p> <p>Date: 5/7/2014</p> | |
| <p>Printed name of Authorized Officer: Kevin Hranicka</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 319-293-3187</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351319 | | <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: VAN HORNE COOP TEL | | | | | |
| Signature of Authorized Officer: Kerry Less | | | | <small>Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop tel,l=Van Horne IA 52346-0096, Date:5/9/2014</small> Date: 5/9/2014 | |
| Printed name of Authorized Officer: Kerry Less | | | | | |
| Title or position of Authorized Officer: CFO - Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer: 319-228-8791 | | | | | |
| Study Area Code of Reporting Carrier | 351320 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: VENTURA TEL CO, INC</p> | | | | | |
| <p>Signature of Authorized Officer: Thomas Lovell</p> | | | | <p>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel co, inc,l=Clear Lake IA 50428-0066, Date:5/20/2014</p> | |
| <p>Date: 5/20/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Thomas Lovell</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager/Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer: 641-357-2111</p> | | | | | |
| Study Area Code of Reporting Carrier | 351322 | | 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: VILLISCA FARMERS TEL</p> | | | | | |
| <p>Signature of Authorized Officer: Kevin Cabbage</p> | | | | <p><small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=villisca farmers tel,l=Stanton IA 51573-0220, Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Kevin Cabbage</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 712-829-2111</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351324 | | <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> | | | | | |

I, _____, as 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>WALNUT TELEPHONE COMPANY</u> | | | |
| Signature of Authorized Officer <u>[Signature]</u> | | Date <u>7 MAY 2014</u> | |
| Printed name of Authorized Officer <u>BRUCE HEYNE</u> | | | |
| Title or position of Authorized Officer <u>PRESIDENT / GENERAL MANAGER</u> | | | |
| Telephone number of Authorized Officer: <u>712 784-2211</u> ext. _____ | | | |
| Study Area Code of Reporting Carrier <u>387326</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: WEBB-DICKENS TEL</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=webb-dickens tel,=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> | 351327 | | <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: WEBSTER-CALHOUN COOP</p> | | | | | |
| <p>Signature of Authorized Officer: Daryl Carlson</p> | | | | <p><small>Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=darylc@wccta.com,O=webster-calhoun coop,l=Gowrie IA 50543, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p> | |
| <p>Printed name of Authorized Officer: Daryl Carlson</p> | | | | | |
| <p>Title or position of Authorized Officer: Executive Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer: 515-352-3151</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351328 | | <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: WELLMAN COOP TEL</p> | | | | | |
| <p>Signature of Authorized Officer: Jayne Hochstedler</p> | | | | <p>Digitally signed by Jayne Hochstedler DN:cn=Jayne Hochstedler,email=wellman@netins.net,O=wellman coop tel,l=Wellman IA 52356-0170, Date:5/7/2014</p> | |
| <p>Date: 5/7/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Jayne Hochstedler</p> | | | | | |
| <p>Title or position of Authorized Officer: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 319-646-6075</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351329 | | <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: WEST IOWA TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Robert Gannon</p> | | | | <p>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel co,l=Remsen IA 51050-0330, Date:5/9/2014</p> | |
| <p>Date: 5/9/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Robert Gannon</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Executive Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 712-786-5572</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351331 | | <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: WEST LIBERTY TEL CO | | | | | |
| Signature of Authorized Officer: Craig Bieber | | | | <small>Digitally signed by Craig Bieber DN:cn=Craig Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,l= , Date:5/8/2014</small> Date: 5/8/2014 | |
| Printed name of Authorized Officer: Craig Bieber | | | | | |
| Title or position of Authorized Officer: Controller/Treasurer | | | | | |
| Telephone number of Authorized Officer: 319-627-2145 | | | | | |
| Study Area Code of Reporting Carrier | 351332 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 **Western Iowa Telephone Association**

Signature of Authorized Officer

*Russell E. Walker*Date **05-09-14**Printed name of Authorized Officer **Russell E Walker**Title or position of Authorized Officer **President, Board of Directors**Telephone number of Authorized Officer: **(712) 944-5711** ext.

Study Area Code of Reporting Carrier

351334Filing Due Date for this form
(mm/dd/yyyy)**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: WESTSIDE INDEPENDENT | | | | | |
| Signature of Authorized Officer: Jane Morlok | | | | <small>Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=westside independent,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 | 351335 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: WILTON TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Stacie Harris</p> | | | | <p><small>Digitally signed by Stacie Harris DN:cn=Stacie Harris,email=stacie@wtccommunications.com,O=wilton tel co,l=Wilton IA 52778-0970, Date:5/7/2014</small></p> <p>Date: 5/7/2014</p> | |
| <p>Printed name of Authorized Officer: Stacie Harris</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager/CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 563-732-3000</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351336 | | <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 Winnebago Cooperative Telecom Association | | | |
| Signature of Authorized Officer  | | | Date 5/7/2014 |
| Printed name of Authorized Officer Mark Thoma | | | |
| Title or position of Authorized Officer General Manager | | | |
| Telephone number of Authorized Officer: (641) 592-6105, ext. | | | |
| Study Area Code of Reporting Carrier | 351337 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

Certification of Officer 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>Woolstock Mutual Telephone</u> | | | |
| Signature of Authorized Officer: <u>[Signature]</u> | | | Date: <u>5-7-14</u> |
| Printed name of Authorized Officer: <u>Chris Simmons</u> | | | |
| Title or position of Authorized Officer: <u>General Manager</u> | | | |
| Telephone number of Authorized Officer: <u>515-839-5621</u> | | | |
| Study Area Code of Reporting Carrier: <u>351342</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. §§ 802, 803(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: WYOMING MUTUAL TEL | | | | | |
| Signature of Authorized Officer: Debra Williams | | | | Digitally signed by Debra Williams DN:cn=Debra Williams,email=wyoming@netins.net,O=wyoming mutual tel,l=Wyoming IA 52362, Date:5/13/2014 | |
| Date: 5/13/2014 | | | | | |
| Printed name of Authorized Officer: Debra Williams | | | | | |
| Title or position of Authorized Officer: Office Manager/Board Secretary | | | | | |
| Telephone number of Authorized Officer: 563-488-2535 | | | | | |
| Study Area Code of Reporting Carrier | 351343 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: PRAIRIE TEL CO | | | | | |
| Signature of Authorized Officer: Jane Morlok | | | | <small>Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=prairie tel co,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 | 351344 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 TEL ASSN-IA</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 assn-ia,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> | 351346 | | <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: ALLIANCE-HILLS IA | | | | | |
| Signature of Authorized Officer: Kari Flanagan | | | | Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills ia,I=Garretson SD 57030, Date:5/13/2014 | |
| Date: 5/13/2014 | | | | | |
| Printed name of Authorized Officer: Kari Flanagan | | | | | |
| Title or position of Authorized Officer: CFO | | | | | |
| Telephone number of Authorized Officer: 605-594-8228 | | | | | |
| Study Area Code of Reporting Carrier | 351405 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: KILLDUFF TEL. CO.</p> | | | | | |
| <p>Signature of Authorized Officer: Gary Neill</p> | | | | <p><small>Digitally signed by Gary Neill DN: cn=Gary Neill, email=gnicore@hotmail.com, O=killduff tel. co., = , Date: 5/15/2014</small></p> <p>Date: 5/15/2014</p> | |
| <p>Printed name of Authorized Officer: Gary Neill</p> | | | | | |
| <p>Title or position of Authorized Officer: Consultant</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-477-1354</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351407 | | <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> | | | | | |

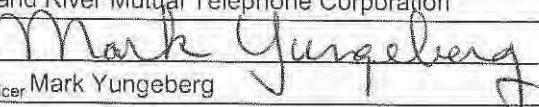
TO BE COMPLETED BY THE REPORTING CARRIER.

| 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: MABEL COOP TEL-IA</p> | | | | | |
| <p>Signature of Authorized Officer: Lorren Tingesdal</p> | | | | <p>Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabeltel.coop,O=mabel coop tel-ia, Mabel MN 55954-0368, Date:5/12/2014</p> | |
| <p>Date: 5/12/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Lorren Tingesdal</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 507-493-5411</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 351424 | | <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.

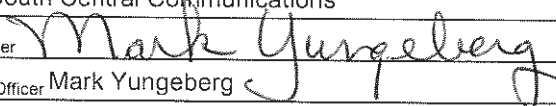
| | | | | | |
|---|--|--------|---|--|-----------|
| Name of Reporting Carrier | | | | Grand River Mutual Telephone Corporation | |
| Signature of Authorized Officer | | |  | | Date |
| Printed name of Authorized Officer | | | Mark Yungeberg | | 5/14/14 |
| Title or position of Authorized Officer | | | | | |
| Vice-President, Board of Directors | | | | | |
| Telephone number of Authorized Officer: (660) 748-3231 ext. | | | | | |
| Study Area Code of Reporting Carrier | | 351888 | Filing Due Date for this form (mm/dd/yyyy) | | 6/16/2014 |

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | | South Central Communications | |
| Signature of Authorized Officer | | |  | | Date |
| Printed name of Authorized Officer | | | Mark Yungeberg | | |
| Title or position of Authorized Officer | | | | | |
| Vice-President, Board of Directors | | | | | |
| Telephone number of Authorized Officer: (660) 748-3231 ext. | | | | | |
| Study Area Code of Reporting Carrier | | 351888 | Filing Due Date for this form (mm/dd/yyyy) | | 6/16/2014 |

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Winnebago Cooperative Telecom Association | | | |
| Signature of Authorized Officer:  | | | Date 5/7/2014 |
| Printed name of Authorized Officer Mark Thoma | | | |
| Title or position of Authorized Officer General Manager | | | |
| Telephone number of Authorized Officer: (641) 592-6105 , ext. | | | |
| Study Area Code of Reporting Carrier | 361337 | 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: ACE TEL ASSN-MN</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 assn-mn,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> | 361346 | | <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 Albany Mutual Telephone Association | | | |
| Signature of Authorized Officer  | | | Date 5/12/2014 |
| Printed name of Authorized Officer Steven W. Katka | | | |
| Title or position of Authorized Officer CEO/General Manager | | | |
| Telephone number of Authorized Officer: (320) 845-2101 ext. | | | |
| Study Area Code of Reporting Carrier | 361347 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

Transmittal No. 1423

TO BE COMPLETED BY 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: WILDERNESS VALLEY</p> | | | | | |
| <p>Signature of Authorized Officer: Robert Riddell</p> | | | | <p><small>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=wilderness valley,lc= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Robert Riddell</p> | | | | | |
| <p>Title or position of Authorized Officer: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-488-6565</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361348 | | <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: CITY OF BARNESVILLE</p> | | | | | |
| <p>Signature of Authorized Officer: Guy Swenson</p> | | | | <p><small>Digitally signed by Guy Swenson DN: cn=Guy Swenson, email=gswenson@bvillemn.net, O=city of barnesville, l=Barnesville MN 56514, Date: 5/12/2014</small></p> <p>Date: 5/12/2014</p> | |
| <p>Printed name of Authorized Officer: Guy Swenson</p> | | | | | |
| <p>Title or position of Authorized Officer: TEC Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-354-2292</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361353 | | <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: BENTON COOP TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Cheryl Scapanski</p> | | | | <p><small>Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop tel co,l= , Date:5/13/2014</small></p> <p>Date: 5/13/2014</p> | |
| <p>Printed name of Authorized Officer: Cheryl Scapanski</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 320-393-2115</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361356 | | <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> | | | |
| Name of Reporting Carrier Blue Earth Valley Telephone Company | | | |
| 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 | 361358 | 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: CALLAWAY TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Staci Malikowski</p> | | | | <p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel co,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Staci Malikowski</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-346-8498</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361365 | | <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: CLARA CITY TEL EXCH</p> | | | | | |
| <p>Signature of Authorized Officer: Bruce Hanson</p> | | | | <p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=clara city tel exch,l= , Date:5/15/2014</small></p> <p>Date: 5/15/2014</p> | |
| <p>Printed name of Authorized Officer: Bruce Hanson</p> | | | | | |
| <p>Title or position of Authorized Officer: Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 320-847-2211</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361370 | | <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: CLEMENTS TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Staci Malikowski</p> | | | | <p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel co,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Staci Malikowski</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-346-8498</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361372 | | <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 | | | | Consolidated Telephone Co | |
| Signature of Authorized Officer | | | Date | | 05/19/2014 |
| Printed name of Authorized Officer | | | Kevin T Larson | | |
| Title or position of Authorized Officer | | | CEO/General Manager | | |
| Telephone number of Authorized Officer: (218) 454-1101, ext. | | | | | |
| Study Area Code of Reporting Carrier | | 361373 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: ARROWHEAD COMM CORP | | | | | |
| Signature of Authorized Officer: Staci Malikowski | | | | <small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=arrowhead comm corp, Date:5/19/2014</small> Date: 5/19/2014 | |
| Printed name of Authorized Officer: Staci Malikowski | | | | | |
| Title or position of Authorized Officer: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer: 218-346-8498 | | | | | |
| Study Area Code of Reporting Carrier | 361374 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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>Dunnell Telephone Co. Inc</i> | | | |
| Signature of Authorized Officer <i>Daniel C Nelson</i> | | Date <i>19 May 2014</i> | |
| Printed name of Authorized Officer <i>Daniel C Nelson</i> | | | |
| Title or position of Authorized Officer <i>General Manager</i> | | | |
| Telephone number of Authorized Officer <i>507 695-2730 ext.</i> | | | |
| Study Area Code of Reporting Carrier <i>361381</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: EAGLE VALLEY TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Staci Malikowski</p> | | | | <p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=eagle valley tel co,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Staci Malikowski</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-346-8498</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361383 | | <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> | | | |
| <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between;"> Name of Reporting Carrier The Easton Telephone Company </div> | | | |
| <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between;"> Signature of Authorized Officer </div> | | | <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between;"> Date 05/16/2014 </div> |
| <div style="border-bottom: 1px solid black;"> Printed name of Authorized Officer William Eckles </div> | | | |
| <div style="border-bottom: 1px solid black;"> Title or position of Authorized Officer President </div> | | | |
| <div style="border-bottom: 1px solid black;"> Telephone number of Authorized Officer: (507) 526-3252 ext. </div> | | | |
| <div style="border-bottom: 1px solid black;"> Study Area Code of Reporting Carrier </div> | <div style="border-bottom: 1px solid black;"> 361384 </div> | <div style="border-bottom: 1px solid black;"> Filing Due Date for this form (mm/dd/yyyy) </div> | <div style="border-bottom: 1px solid black;"> 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> | | | |

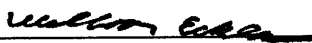
TO BE COMPLETED BY THE REPORTING CARRIER.

| 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: EAST OTTER TAIL TEL</p> | | | | | |
| <p>Signature of Authorized Officer: Staci Malikowski</p> | | | | <p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=east otter tail tel,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Staci Malikowski</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-346-8498</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361385 | | <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> | | | |
| Name of Reporting Carrier | | Eckles Telephone Company | |
| 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 | 361386 | 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> | | | |
| Name of Reporting Carrier Eckles Telephone Company | | | |
| Signature of Authorized Officer  | | | Date 11/4/2014 |
| 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 | 361386 | Filing Due Date for this form (mm/dd/yyyy) | November 2014 |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | |

TO BE COMPLETED BY 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: EMILY COOP TEL CO | | | | | |
| Signature of Authorized Officer: Robert Olson | | | | <small>Digitally signed by Robert Olson DN:cn=Robert Olson,email=emilytel@emily.net,O=emily coop tel co,l=Emily MN 56447, Date:5/12/2014</small> Date: 5/12/2014 | |
| Printed name of Authorized Officer: Robert Olson | | | | | |
| Title or position of Authorized Officer: Chief Executivce Officer\General Manager | | | | | |
| Telephone number of Authorized Officer: 218-763-3000 | | | | | |
| Study Area Code of Reporting Carrier | 361387 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 TEL</p> | | | | | |
| <p>Signature of Authorized Officer: Kevin Beyer</p> | | | | <p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kbeyer@fedtel.net,O=farmers mutual tel,l= , Date:5/9/2014</small></p> <p>Date: 5/9/2014</p> | |
| <p>Printed name of Authorized Officer: Kevin Beyer</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 320-568-2105</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361389 | | <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: FEDERATED TEL COOP</p> | | | | | |
| <p>Signature of Authorized Officer: Kevin Beyer</p> | | | | <p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kbeyer@fedtel.net,O=federated tel coop,l=Chokio MN 56221, Date:5/9/2014</small></p> <p>Date: 5/9/2014</p> | |
| <p>Printed name of Authorized Officer: Kevin Beyer</p> | | | | | |
| <p>Title or position of Authorized Officer: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 320-324-7111</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361390 | | <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: FELTON TEL CO. INC.</p> | | | | | |
| <p>Signature of Authorized Officer: Staci Malikowski</p> | | | | <p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=felton tel co. inc.,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Staci Malikowski</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-346-8498</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361391 | | <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,

| | | | |
|---|----------------------|---|---------------------------------|
| <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 Garden Valley Telephone Company</p> | | | |
| <p>Signature of Authorized Officer <i>Joe O. Sandberg</i></p> | | | <p>Date May 19, 2014</p> |
| <p>Printed name of Authorized Officer Joe O. Sandberg</p> | | | |
| <p>Title or position of Authorized Officer Treasurer</p> | | | |
| <p>Telephone number of Authorized Officer: (218-687-2400) ext. _____</p> | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>361395</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: GARDONVILLE COOP TEL | | | | | |
| Signature of Authorized Officer: David Wolf | | | | Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gctel.net,O=gardonville coop tel,l= , Date:5/13/2014 | |
| Date: 5/13/2014 | | | | | |
| Printed name of Authorized Officer: David Wolf | | | | | |
| Title or position of Authorized Officer: CEO and General Manager | | | | | |
| Telephone number of Authorized Officer: 320-524-2211 | | | | | |
| Study Area Code of Reporting Carrier | 361396 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | |
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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 Granada Telephone Comapny | | | |
| 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 | 361399 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: HALSTAD TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Tom Maroney</p> | | | | <p><small>Digitally signed by Tom Maroney DN:cn=Tom Maroney,email=tmaroney@rrv.net,O=halstad tel co,l=Halstad MN 56548, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p> | |
| <p>Printed name of Authorized Officer: Tom Maroney</p> | | | | | |
| <p>Title or position of Authorized Officer: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-456-2125</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361401 | | <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 | | | | | |
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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: FEDERATED TEL COOP</p> | | | | | |
| <p>Signature of Authorized Officer: Kevin Beyer</p> | | | | <p>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kbeyer@fedtel.net,O=federated tel coop,l=Chokio MN 56221, Date:5/9/2014</p> | |
| <p>Date: 5/9/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Kevin Beyer</p> | | | | | |
| <p>Title or position of Authorized Officer: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 320-324-7111</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361403 | | <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: HARMONY TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Lorren Tingesdal</p> | | | | <p><small>Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabelltel.coop,O=harmony tel co,l=Harmony MN 55939, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p> | |
| <p>Printed name of Authorized Officer: Lorren Tingesdal</p> | | | | | |
| <p>Title or position of Authorized Officer: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 507-886-2525</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361404 | | <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: ALLIANCE-HILLS MN</p> | | | | | |
| <p>Signature of Authorized Officer: Kari Flanagan</p> | | | | <p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan, email=karif@alliance.coop, O=alliance-hills mn, l=Garretson SD 57030, Date:5/13/2014</p> <p>Date: 5/13/2014</p> | |
| <p>Printed name of Authorized Officer: Kari Flanagan</p> | | | | | |
| <p>Title or position of Authorized Officer: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 605-594-8228</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361405 | | <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: HOME TEL CO - MN</p> | | | | | |
| <p>Signature of Authorized Officer: Staci Malikowski</p> | | | | <p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=home tel co - mn,l= , Date:5/19/2014</p> | |
| <p>Date: 5/19/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Staci Malikowski</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-346-8498</p> | | | | | |
| Study Area Code of Reporting Carrier | 361408 | | 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: HUTCHINSON TEL CO | | | | | |
| Signature of Authorized Officer: Curt Kawlewski | | | | <small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=hutchinson tel co, Date:5/12/2014</small> Date: 5/12/2014 | |
| Printed name of Authorized Officer: Curt Kawlewski | | | | | |
| Title or position of Authorized Officer: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer: 507-233-4172 | | | | | |
| Study Area Code of Reporting Carrier | 361409 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Johnson Telephone Company

Signature of Authorized Officer

Donna Gunderson

Date 5/16/2014

Printed name of Authorized Officer Donna Gunderson

Title or position of Authorized Officer Corporate Secretary

Telephone number of Authorized Officer: (218) 566-2302 ext.

Study Area Code of Reporting Carrier

361410

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: KASSON & MANTORVILLE</p> | | | | | |
| <p>Signature of Authorized Officer: Beth Tollefson</p> | | | | <p><small>Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=tollef@kmtel.com,O=kasson & mantorville,lc=, Date: 5/12/2014</small></p> <p>Date: 5/12/2014</p> | |
| <p>Printed name of Authorized Officer: Beth Tollefson</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 507-634-2511</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361412 | | <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: KASSON & MANTORVILLE | | | | | |
| Signature of Authorized Officer: Beth Tollefson | | | | Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=tollef@kmtel.com,O=kasson & mantorville,l= , Date:10/24/2014 | |
| Date: 10/24/2014 | | | | | |
| Printed name of Authorized Officer: Beth Tollefson | | | | | |
| Title or position of Authorized Officer: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer: 507-634-2511 | | | | | |
| Study Area Code of Reporting Carrier | 361412 | | 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 | | | | | |
|--|--|--|---|---|--|
| <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: LISMORE COOP TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Tarri Joens</p> | | | | <p><small>Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretel.com,O=lismore coop tel co,l=Lismore MN 56155-0127, Date:5/14/2014</small></p> | |
| <p>Date: 5/14/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Tarri Joens</p> | | | | | |
| <p>Title or position of Authorized Officer: Office Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 507-472-8748</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361419 | | <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: LONSDALE TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Bonnie Simon</p> | | | | <p><small>Digitally signed by Bonnie Simon DN: cn=Bonnie Simon, email=bsimon@lonsdaletel.com, O=lonsdale tel co, l=Lonsdale MN 55046, Date: 5/13/2014</small></p> <p>Date: 5/13/2014</p> | |
| <p>Printed name of Authorized Officer: Bonnie Simon</p> | | | | | |
| <p>Title or position of Authorized Officer: Secretary</p> | | | | | |
| <p>Telephone number of Authorized Officer: 507-744-2311</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361422 | | <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>Runestone Telephone Association</u> | | | |
| Signature of Authorized Officer <u><i>John M. Kapphahn</i></u> | | | Date <u>5/14/2014</u> |
| Printed name of Authorized Officer <u>John Kapphahn</u> | | | |
| Title or position of Authorized Officer <u>Secretary/Treasurer</u> | | | |
| Telephone number of Authorized Officer: <u>(320) 986-2013</u> ext. _____ | | | |
| Study Area Code of Reporting Carrier | <u>361423</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: MABEL COOP TEL - MN | | | | | |
| Signature of Authorized Officer: Lorren Tingesdal | | | | <small>Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabeltel.coop,O=mabel coop tel - mn,l=Mabel MN 55954-0368, Date:5/12/2014</small> Date: 5/12/2014 | |
| Printed name of Authorized Officer: Lorren Tingesdal | | | | | |
| Title or position of Authorized Officer: General Manager | | | | | |
| Telephone number of Authorized Officer: 507-493-5411 | | | | | |
| Study Area Code of Reporting Carrier | 361424 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |

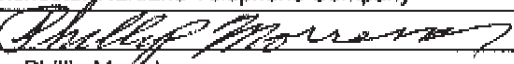
TO BE COMPLETED BY THE REPORTING CARRIER.

| 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: CHRISTENSEN COMM CO</p> | | | | | |
| <p>Signature of Authorized Officer: Andy Hennis</p> | | | | <p><small>Digitally signed by Andy Hennis DN:cn=Andy Hennis,email=andyh@chriscomco.net,O=christensen comm co, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p> | |
| <p>Printed name of Authorized Officer: Andy Hennis</p> | | | | | |
| <p>Title or position of Authorized Officer: Business Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 507-642-5555</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361425 | | <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 Manchester-Hartland Telephone Company | | | |
| Signature of Authorized Officer  | | Date 05/12/2014 | |
| Printed name of Authorized Officer Phillip Morreim | | | |
| Title or position of Authorized Officer President | | | |
| Telephone number of Authorized Officer: (507) 826-3212 ext. | | | |
| Study Area Code of Reporting Carrier | 361426 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(h), 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: MELROSE TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Staci Malikowski</p> | | | | <p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=melrose tel co,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Staci Malikowski</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-346-8498</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361430 | | <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: MIDWEST TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Staci Malikowski</p> | | | | <p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=midwest tel co,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Staci Malikowski</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-346-8498</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361431 | | <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: MINNESOTA VALLEY TEL | | | | | |
| Signature of Authorized Officer: Danny Busche | | | | Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=minnesota valley tel,l=Franklin MN 55333, Date:5/14/2014 | |
| Date: 5/14/2014 | | | | | |
| Printed name of Authorized Officer: Danny Busche | | | | | |
| Title or position of Authorized Officer: CFO | | | | | |
| Telephone number of Authorized Officer: 507-557-2275 | | | | | |
| Study Area Code of Reporting Carrier | 361439 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Cannon Valley Telecom | | | |
| 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 | 361440 | 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: NEW ULM TELECOM, INC | | | | | |
| Signature of Authorized Officer: Curt Kawlewski | | | | <small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=new ulm telecom, inc, Date:5/12/2014</small> Date: 5/12/2014 | |
| Printed name of Authorized Officer: Curt Kawlewski | | | | | |
| Title or position of Authorized Officer: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer: 507-233-4172 | | | | | |
| Study Area Code of Reporting Carrier | 361442 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: LORETEL SYSTEMS, INC</p> | | | | | |
| <p>Signature of Authorized Officer: Staci Malikowski</p> | | | | <p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=loretel systems, inc,lc= , Date:5/19/2014</small></p> | |
| <p>Date: 5/19/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Staci Malikowski</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-346-8498</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>361443</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: OSAKIS TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Staci Malikowski</p> | | | | <p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=osakis tel co,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Staci Malikowski</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-346-8498</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>361448</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: PARK REGION MUTUAL</p> | | | | | |
| <p>Signature of Authorized Officer: Dave Bickett</p> | | | | <p><small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual,l=Underwood MN 56586-0277, Date:5/16/2014</small></p> <p>Date: 5/16/2014</p> | |
| <p>Printed name of Authorized Officer: Dave Bickett</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-826-6161</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361450 | | <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> | | | | | |

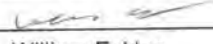
TO BE COMPLETED BY THE REPORTING CARRIER.

| 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: PAUL BUNYAN RURAL</p> | | | | | |
| <p>Signature of Authorized Officer: Dave Schultz</p> | | | | <p><small>Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural,l= , Date:5/12/2014</small></p> | |
| <p>Date: 5/12/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Dave Schultz</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-444-1141</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>361451</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: PEOPLES TEL CO - MN</p> | | | | | |
| <p>Signature of Authorized Officer: Staci Malikowski</p> | | | | <p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=peoples tel co - mn,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Staci Malikowski</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-346-8498</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361453 | | <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 Pine Island Telephone Company | | | |
| 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 | 361454 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: REDWOOD COUNTY TEL</p> | | | | | |
| <p>Signature of Authorized Officer: Staci Malikowski</p> | | | | <p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel, Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Staci Malikowski</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-346-8498</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361472 | | <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 Rothsay Telephone Co. Inc. | | | |
| Signature of Authorized Officer  | | Date 5/16/2014 | |
| Printed name of Authorized Officer Wayne Stowman | | | |
| Title or position of Authorized Officer Secy./Treas. | | | |
| Telephone number of Authorized Officer: (218) 867-2111 ext. | | | |
| Study Area Code of Reporting Carrier | 361474 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: ROTHSAY TEL CO, INC</p> | | | | | |
| <p>Signature of Authorized Officer: Wayne Stowman</p> | | | | <p><small>Digitally signed by Wayne Stowman DN:cn=Wayne Stowman,email=wstowman@rtelnet.net,O=rothsay tel co, inc, Date:12/19/2014</small></p> | |
| <p>Date: 12/19/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Wayne Stowman</p> | | | | | |
| <p>Title or position of Authorized Officer: Office Manager/Treas.</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-867-2111</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>361474</p> | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>1/16/2015</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 Runestone Telephone Association | | | |
| Signature of Authorized Officer <i>John M. Kapphahn</i> | | | Date 5/14/2014 |
| Printed name of Authorized Officer John Kapphahn | | | |
| Title or position of Authorized Officer Secretary/Treasurer | | | |
| Telephone number of Authorized Officer: (320) 986-2013 ext. | | | |
| Study Area Code of Reporting Carrier | 361475 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: SACRED HEART TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Bruce Hanson</p> | | | | <p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel co,lc=, Date:5/15/2014</small></p> <p>Date: 5/15/2014</p> | |
| <p>Printed name of Authorized Officer: Bruce Hanson</p> | | | | | |
| <p>Title or position of Authorized Officer: Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 320-847-2211</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361476 | | <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>Scott Rice Telephone d/b/a Integra Telecom</u> | | | |
| Signature of Authorized Officer <u>[Signature]</u> | | | Date <u>5/13/2014</u> |
| Printed name of Authorized Officer <u>Claire Schulte</u> | | | |
| Title or position of Authorized Officer <u>Senior Vice President Finance</u> | | | |
| Telephone number of Authorized Officer: <u>(360) 558-4233</u> ext. | | | |
| Study Area Code of Reporting Carrier | <u>361479</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: SLEEPY EYE TEL CO | | | | | |
| Signature of Authorized Officer: Curt Kawlewski | | | | <small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=sleepy eye tel co, Date:5/12/2014</small> Date: 5/12/2014 | |
| Printed name of Authorized Officer: Curt Kawlewski | | | | | |
| Title or position of Authorized Officer: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer: 507-233-4172 | | | | | |
| Study Area Code of Reporting Carrier | 361483 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: SPRING GROVE COMM.</p> | | | | | |
| <p>Signature of Authorized Officer: Craig Otterness</p> | | | | <p>Digitally signed by Craig Otterness DN:cn=Craig Otterness,email=otter9@aol.com,O=spring grove comm.,l=Spring Grove MN 55974-0516, Date:5/12/2014</p> | |
| <p>Date: 5/12/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Craig Otterness</p> | | | | | |
| <p>Title or position of Authorized Officer: GM/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 507-498-3456</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361485 | | <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: STARBUCK TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Bruce Hanson</p> | | | | <p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel co,l= , Date:5/15/2014</small></p> <p>Date: 5/15/2014</p> | |
| <p>Printed name of Authorized Officer: Bruce Hanson</p> | | | | | |
| <p>Title or position of Authorized Officer: Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 320-847-2211</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361487 | | <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: TWIN VALLEY-ULEN TEL</p> | | | | | |
| <p>Signature of Authorized Officer: Staci Malikowski</p> | | | | <p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=twin valley-ulen tel,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Staci Malikowski</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-346-8498</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361491 | | <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: <u>UPSALA COOP TEL ASSN</u></p> | | | | | |
| <p>Signature of Authorized Officer: <u>Tony Gebhard</u></p> | | | | <p><small>Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala coop tel assn,l=Upsala MN 56384, Date:5/12/2014</small></p> <p>Date: <u>5/12/2014</u></p> | |
| <p>Printed name of Authorized Officer: <u>Tony Gebhard</u></p> | | | | | |
| <p>Title or position of Authorized Officer: <u>CEO/General Manager</u></p> | | | | | |
| <p>Telephone number of Authorized Officer: <u>320-573-1390</u></p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p><u>361494</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 | | | | | |
|--|--------|--|--|--|--|
| 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: VALLEY TEL CO - MN | | | | | |
| Signature of Authorized Officer: Dave Bickett | | | | Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@ptel.com,O=valley tel co - mn,l=Underwood MN 56586-0277, Date:5/16/2014 | |
| Date: 5/16/2014 | | | | | |
| Printed name of Authorized Officer: Dave Bickett | | | | | |
| Title or position of Authorized Officer: General Manager/CEO | | | | | |
| Telephone number of Authorized Officer: 218-826-6161 | | | | | |
| Study Area Code of Reporting Carrier | 361495 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: CROSSLAKE TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Paul Hoge</p> | | | | <p>Digitally signed by Paul Hoge DN:cn=Paul Hoge,email=phoge@crosslake.net,O=crosslake tel co,l=Crosslake MN 56442, Date:5/9/2014</p> <p>Date: 5/9/2014</p> | |
| <p>Printed name of Authorized Officer: Paul Hoge</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-692-2777</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361499 | | <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: NORTHERN TEL CO - MN</p> | | | | | |
| <p>Signature of Authorized Officer: Robert Riddell</p> | | | | <p><small>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=northern tel co - mn,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Robert Riddell</p> | | | | | |
| <p>Title or position of Authorized Officer: CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 218-488-6565</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 361500 | | <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 **West Central Telephone Assn.**

Signature of Authorized Officer



Date **5/15/14**

Printed name of Authorized Officer **Anthony V. Mayer**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer: **(218) 837-5151** ext.

Study Area Code of Reporting Carrier

361501

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: WESTERN TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Curt Kawlewski</p> | | | | <p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=western tel co, Date:5/12/2014</small></p> | |
| <p>Date: 5/12/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Curt Kawlewski</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 507-233-4172</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>361502</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/16/2014</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY 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 Wikstrom Telephone Co Inc.

Signature of Authorized Officer  Date 05/19/2014

Printed name of Authorized Officer Leslie B. Wikstrom

Title or position of Authorized Officer Vice President

Telephone number of Authorized Officer: (218) 436-2121, ext.

Study Area Code of Reporting Carrier 361505 Filing Due Date for this form (mm/dd/yyyy) 6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: WINTHROP TEL CO | | | | | |
| Signature of Authorized Officer: Danny Busche | | | | <small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=winthrop tel co,l=Franklin MN 55333, Date:5/14/2014</small> Date: 5/14/2014 | |
| Printed name of Authorized Officer: Danny Busche | | | | | |
| Title or position of Authorized Officer: CFO | | | | | |
| Telephone number of Authorized Officer: 507-557-2275 | | | | | |
| Study Area Code of Reporting Carrier | 361508 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: WOODSTOCK TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Ronald Nelson</p> | | | | <p>Digitally signed by Ronald Nelson DN:cn=Ronald Nelson,email=ron.nelson@woodstocktel.net,O=woodstock tel co,l=Ruthton MN 56170, Date:5/19/2014</p> | |
| <p>Date: 5/19/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Ronald Nelson</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 507-658-3830</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>361510</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,

Transmittal No. 1423

| 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 Wolverton Telephone Co | | | | |
| Signature of Authorized Officer  | | | | Date 5/9/2014 |
| Printed name of Authorized Officer David L. Dunning | | | | |
| Title or position of Authorized Officer Executive Vice President | | | | |
| Telephone number of Authorized Officer: (701) 284-7221 ext. _____ | | | | |
| Study Area Code of Reporting Carrier | 361512 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: ZUMBROTA TEL CO | | | | | |
| Signature of Authorized Officer: Bruce Hanson | | | | <small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota tel co,l= , Date:5/15/2014</small> Date: 5/15/2014 | |
| Printed name of Authorized Officer: Bruce Hanson | | | | | |
| Title or position of Authorized Officer: Treasurer | | | | | |
| Telephone number of Authorized Officer: 320-847-2211 | | | | | |
| Study Area Code of Reporting Carrier | 361515 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Interstate Telecommunications Cooperative, Inc. | | | | |
| Signature of Authorized Officer <i>Warren Brandlee</i> | | | Date 5/8/14 | |
| Printed name of Authorized Officer Warren Brandlee | | | | |
| Title or position of Authorized Officer President | | | | |
| Telephone number of Authorized Officer: (605) 874-2181 ext. | | | | |
| Study Area Code of Reporting Carrier | 361654 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: ARAPAHOE TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: John Koller</p> | | | | <p><small>Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.net,O=arapahoe tel co,l=Arapahoe NE 68922, Date:5/7/2014</small></p> <p>Date: 5/7/2014</p> | |
| <p>Printed name of Authorized Officer: John Koller</p> | | | | | |
| <p>Title or position of Authorized Officer: VP Operations</p> | | | | | |
| <p>Telephone number of Authorized Officer: 308-962-7298</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371516 | | <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: ARLINGTON TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Joe Jetensky</p> | | | | <p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=arlington tel co, Inc., Date:5/20/2014</small></p> <p>Date: 5/20/2014</p> | |
| <p>Printed name of Authorized Officer: Joe Jetensky</p> | | | | | |
| <p>Title or position of Authorized Officer: President/GM</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-426-6245</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371517 | | <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: ELSIE COMM., INC.</p> | | | | | |
| <p>Signature of Authorized Officer: David Shipley</p> | | | | <p><small>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=elsie comm.,inc.,l=Colorado City CO 81019, Date:5/15/2014</small></p> <p>Date: 5/15/2014</p> | |
| <p>Printed name of Authorized Officer: David Shipley</p> | | | | | |
| <p>Title or position of Authorized Officer: Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer: 866-542-6780</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371518 | | <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: THE BLAIR TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Joe Jetensky</p> | | | | <p>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=the blair tel co,l=- , Date:5/20/2014</p> | |
| <p>Date: 5/20/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Joe Jetensky</p> | | | | | |
| <p>Title or position of Authorized Officer: President/GM</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-426-6245</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>371524</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/16/2014</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY 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: THE BLAIR TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Joe Jetensky</p> | | | | <p>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=the blair tel co,l=- , Date:1/2/2015</p> | |
| <p>Date: 1/2/2015</p> | | | | | |
| <p>Printed name of Authorized Officer: Joe Jetensky</p> | | | | | |
| <p>Title or position of Authorized Officer: President/GM</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-426-6245</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>371524</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>1/16/2015</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY 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: THREE RIVER TELCO</p> | | | | | |
| <p>Signature of Authorized Officer: Neil Classen</p> | | | | <p><small>Digitally signed by Neil Classen DN:cn=Neil Classen,email=neil@threeriver.net,O=three river telco,l=Lynch NE 68746-0066, Date:5/16/2014</small></p> <p>Date: 5/16/2014</p> | |
| <p>Printed name of Authorized Officer: Neil Classen</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-569-2666</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371525 | | <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 | | | | | |
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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: CAMBRIDGE TEL CO -NE</p> | | | | | |
| <p>Signature of Authorized Officer: J. Shoemaker</p> | | | | <p><small>Digitally signed by J. Shoemaker DN:cn=J. Shoemaker,email=tom.shoemaker@pnpt.com,O=cambridge tel co -ne,l=Cambridge NE 69022, Date:5/20/2014</small></p> <p>Date: 5/20/2014</p> | |
| <p>Printed name of Authorized Officer: J. Shoemaker</p> | | | | | |
| <p>Title or position of Authorized Officer: V P Regulatory Affairs</p> | | | | | |
| <p>Telephone number of Authorized Officer: 308-697-3333</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371526 | | <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: CONSOLIDATED TELCO</p> | | | | | |
| <p>Signature of Authorized Officer: Wendy Thompson Fast</p> | | | | <p><small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco,l=Lincoln NE 68506-0147, Date:5/8/2014</small></p> <p>Date: 5/8/2014</p> | |
| <p>Printed name of Authorized Officer: Wendy Thompson Fast</p> | | | | | |
| <p>Title or position of Authorized Officer: President</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-489-2728</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371530 | | <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 | | | |
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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 Clarks Telecommunications Company | | | |
| Signature of Authorized Officer  | | | Date 5/16/14 |
| Printed name of Authorized Officer David Armstrong | | | |
| Title or position of Authorized Officer President | | | |
| Telephone number of Authorized Officer: (402) 632-4202 ext. | | | |
| Study Area Code of Reporting Carrier | 371531 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | | | |
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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: CONSOLIDATED TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Wendy Thompson Fast</p> | | | | <p><small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated tel co,l=Lincoln NE 68506-0147, Date:5/8/2014</small></p> <p>Date: 5/8/0214</p> | |
| <p>Printed name of Authorized Officer: Wendy Thompson Fast</p> | | | | | |
| <p>Title or position of Authorized Officer: President</p> | | | | | |
| <p>Telephone number of Authorized Officer: 420-489-0708</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371530 | | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | 6/16/0214 | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 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 | | | | | |
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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: COZAD TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Marcus Young</p> | | | | <p><small>Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad tel co,l=, Date:5/7/2014</small></p> <p>Date: 5/7/2014</p> | |
| <p>Printed name of Authorized Officer: Marcus Young</p> | | | | | |
| <p>Title or position of Authorized Officer: President</p> | | | | | |
| <p>Telephone number of Authorized Officer: 308-784-4044</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371534 | | <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 | | | | | |
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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: CURTIS TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Wendy Thompson Fast</p> | | | | <p><small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=curtis tel co,l=Lincoln NE 68506-0147, Date:5/8/2014</small></p> <p>Date: 5/8/2014</p> | |
| <p>Printed name of Authorized Officer: Wendy Thompson Fast</p> | | | | | |
| <p>Title or position of Authorized Officer: President</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-489-2728</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371536 | | <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: DALTON TEL CO, INC</p> | | | | | |
| <p>Signature of Authorized Officer: David Shipley</p> | | | | <p><small>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton tel co, inc,l=Colorado City CO 81019, Date:5/15/2014</small></p> <p>Date: 5/15/2014</p> | |
| <p>Printed name of Authorized Officer: David Shipley</p> | | | | | |
| <p>Title or position of Authorized Officer: Vice President</p> | | | | | |
| <p>Telephone number of Authorized Officer: 866-542-6779</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371537 | | <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: DILLER TEL CO | | | | | |
| Signature of Authorized Officer: Loren Duerksen | | | | <small>Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller tel co,l=Diller NE 68342-0236, Date:5/14/2014</small> Date: 5/14/2014 | |
| Printed name of Authorized Officer: Loren Duerksen | | | | | |
| Title or position of Authorized Officer: Director of Operations | | | | | |
| Telephone number of Authorized Officer: 402-793-5330 | | | | | |
| Study Area Code of Reporting Carrier | 371540 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | | | |
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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: EASTERN NEBRASKA TEL</p> | | | | | |
| <p>Signature of Authorized Officer: Joe Jetensky</p> | | | | <p>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=eastern nebraska tel,lc= , Date:5/20/2014</p> | |
| <p>Date: 5/20/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Joe Jetensky</p> | | | | | |
| <p>Title or position of Authorized Officer: President/GM</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-426-6245</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371542 | | <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 | | | | | |
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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: GLENWOOD TEL MEMBER</p> | | | | | |
| <p>Signature of Authorized Officer: Stanley Rouse</p> | | | | <p><small>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood tel member,j=Blue Hill NE 68930-0008, Date:5/14/2014</small></p> <p>Date: 5/14/2014</p> | |
| <p>Printed name of Authorized Officer: Stanley Rouse</p> | | | | | |
| <p>Title or position of Authorized Officer: CEO/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-756-3131</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371553 | | <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 | | | |
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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 Hamilton Telephone Company | | | |
| Signature of Authorized Officer  | | Date 5-13-14 | |
| Printed name of Authorized Officer John Nelson | | | |
| Title or position of Authorized Officer Vice President | | | |
| Telephone number of Authorized Officer: (402) 694-5101 ext. | | | |
| Study Area Code of Reporting Carrier 371555 | | Filing Due Date for this form (mm/dd/yyyy) 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | | | |
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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: HARTINGTON TELECOM</p> | | | | | |
| <p>Signature of Authorized Officer: William Dendinger</p> | | | | <p><small>Digitally signed by William Dendinger DN:cn=William Dendinger,email=bildd@hartel.net,O=hartington telecom, Hartington NE 68739-0157, Date:5/19/2014</small></p> | |
| <p>Date: 5/19/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: William Dendinger</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-254-3901</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371556 | | <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 **Hartman Telephone Exchanges, Inc.**

Signature of Authorized Officer *Loretta M. Raile*

Date **05.16.2014**

Printed name of Authorized Officer **Loretta M. Raile**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(308) 423-2000** ext.

Study Area Code of Reporting Carrier **371557**

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: HEMINGFORD COOP TEL | | | | | |
| Signature of Authorized Officer: Tonya Mayer | | | | Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop tel,l=Hemingford NE 69348-0246, Date:5/9/2014 | |
| Date: 5/9/2014 | | | | | |
| Printed name of Authorized Officer: Tonya Mayer | | | | | |
| Title or position of Authorized Officer: General Manager | | | | | |
| Telephone number of Authorized Officer: 308-487-3311 | | | | | |
| Study Area Code of Reporting Carrier | 371558 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | | | |
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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: HENDERSON CO-OP TEL</p> | | | | | |
| <p>Signature of Authorized Officer: James Mestl</p> | | | | <p><small>Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henders on co-op tel,l=Henderson NE 68371, Date:5/8/2014</small></p> | |
| <p>Date: 5/8/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: James Mestl</p> | | | | | |
| <p>Title or position of Authorized Officer: Board President</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-723-4448</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>371559</p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p>6/16/2014</p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY 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>HERSHEY COOP TEL CO</u></p> | | | | | |
| <p>Signature of Authorized Officer: <u>Rex Woolley</u></p> | | | | <p>Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey coop tel co,l=Hershey NE 69143, Date:5/19/2014</p> | |
| <p>Date: <u>5/19/2014</u></p> | | | | | |
| <p>Printed name of Authorized Officer: <u>Rex Woolley</u></p> | | | | | |
| <p>Title or position of Authorized Officer: <u>General Manager & CEO</u></p> | | | | | |
| <p>Telephone number of Authorized Officer: <u>308-368-5561</u></p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p><u>371561</u></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><u>6/16/2014</u></p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY 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: CONSOLIDATED TELECOM</p> | | | | | |
| <p>Signature of Authorized Officer: Wendy Thompson Fast</p> | | | | <p><small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telecom, Lincoln NE 68506-0147, Date:5/8/2014</small></p> <p>Date: 5/8/2014</p> | |
| <p>Printed name of Authorized Officer: Wendy Thompson Fast</p> | | | | | |
| <p>Title or position of Authorized Officer: President</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-489-2728</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371562 | | <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: HOOPER TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Robert Gannon</p> | | | | <p><small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper tel co,l=Remsen IA 51050-0330, Date:5/9/2014</small></p> <p>Date: 5/9/2014</p> | |
| <p>Printed name of Authorized Officer: Robert Gannon</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Executive Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 712-786-5572</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371563 | | <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: K & M TEL CO, INC | | | | | |
| Signature of Authorized Officer: Thomas Magnuson | | | | <small>Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k & m tel co, inc,l=Chambers NE 68725, Date:5/12/2014</small> Date: 5/12/2014 | |
| Printed name of Authorized Officer: Thomas Magnuson | | | | | |
| Title or position of Authorized Officer: President | | | | | |
| Telephone number of Authorized Officer: 402-482-5220 | | | | | |
| Study Area Code of Reporting Carrier | 371565 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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>KEYSTONE-ARTHUR TEL</u></p> | | | | | |
| <p>Signature of Authorized Officer: <u>Stanley Rouse</u></p> | | | | <p>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=keystone-arthur tel, Blue Hill NE 68930-0008, Date:5/14/2014</p> | |
| <p>Date: <u>5/14/2014</u></p> | | | | | |
| <p>Printed name of Authorized Officer: <u>Stanley Rouse</u></p> | | | | | |
| <p>Title or position of Authorized Officer: <u>CEO/General Manager</u></p> | | | | | |
| <p>Telephone number of Authorized Officer: <u>402-756-3131</u></p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <u>371567</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 | | | | | |
|---|---------------|--|--|--|--|
| <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: NEBRASKA CENTRAL TEL</p> | | | | | |
| <p>Signature of Authorized Officer: Nancy McGregor-Jader</p> | | | | <p>Digitally signed by Nancy McGregor-Jader DN:cn=Nancy McGregor-Jader,email=njader@nctc.net,O=nebraska central tel,l=Gibbon NE 68840-0700, Date:5/13/2014</p> | |
| <p>Date: 5/13/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Nancy McGregor-Jader</p> | | | | | |
| <p>Title or position of Authorized Officer: Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 308-468-6341</p> | | | | | |
| Study Area Code of Reporting Carrier | 371574 | | 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 Northeast Nebraska Telephone Company | | | | |
| Signature of Authorized Officer  | | | | Date 5-16-14 |
| Printed name of Authorized Officer David Armstrong | | | | |
| Title or position of Authorized Officer President | | | | |
| Telephone number of Authorized Officer: (402) 632-4321 ext. | | | | |
| Study Area Code of Reporting Carrier | 371576 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: GREAT PLAINS COMMUN</p> | | | | | |
| <p>Signature of Authorized Officer: Wyman Nelson</p> | | | | <p><small>Digitally signed by Wyman Nelson DN:cn=Wyman Nelson,email=wenelson@gpcom.com,O=great plains commun,l=Blair NE 68008, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p> | |
| <p>Printed name of Authorized Officer: Wyman Nelson</p> | | | | | |
| <p>Title or position of Authorized Officer: Vice President & Chief Legal Counsel</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-456-6594</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371577 | | <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: PIERCE TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Mary Bichlmeier</p> | | | | <p><small>Digitally signed by Mary Bichlmeier DN: cn=Mary Bichlmeier, email=maryb@piercetelphone.com, O=pierce tel co, l=Pierce NE 68767-0113, Date: 5/16/2014</small></p> <p>Date: 5/16/2014</p> | |
| <p>Printed name of Authorized Officer: Mary Bichlmeier</p> | | | | | |
| <p>Title or position of Authorized Officer: Company Accountant</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-329-6225</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371581 | | <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: PLAINVIEW TEL CO | | | | | |
| Signature of Authorized Officer: Hoyt Nye | | | | Digitally signed by Hoyt Nye DN:cn=Hoyt Nye,email=hoytnye@gmail.com,O=plainview tel co,l=Plainview NE 68769-0117, Date:5/16/2014 | |
| Date: 5/16/2014 | | | | | |
| Printed name of Authorized Officer: Hoyt Nye | | | | | |
| Title or position of Authorized Officer: Vice President & Treasurer | | | | | |
| Telephone number of Authorized Officer: 402-582-4242 | | | | | |
| Study Area Code of Reporting Carrier | 371582 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: ROCK COUNTY TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Joe Jetensky</p> | | | | <p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=rock county tel co,l= , Date:5/20/2014</small></p> <p>Date: 5/20/2014</p> | |
| <p>Printed name of Authorized Officer: Joe Jetensky</p> | | | | | |
| <p>Title or position of Authorized Officer: President/GM</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-426-6245</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371586 | | <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: ROCK COUNTY TEL CO | | | | | |
| Signature of Authorized Officer: Joe Jetensky | | | | <small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=rock county tel co,l= , Date:10/28/2014</small> Date: 10/28/2014 | |
| Printed name of Authorized Officer: Joe Jetensky | | | | | |
| Title or position of Authorized Officer: President/GM | | | | | |
| Telephone number of Authorized Officer: 402-426-6245 | | | | | |
| Study Area Code of Reporting Carrier | 371586 | | 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 | | | | | |
|--|--|--|---|--|--|
| <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: ROCK COUNTY TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Joe Jetensky</p> | | | | <p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=rock county tel co, Date:1/2/2015</small></p> <p>Date: 1/2/2015</p> | |
| <p>Printed name of Authorized Officer: Joe Jetensky</p> | | | | | |
| <p>Title or position of Authorized Officer: President/GM</p> | | | | | |
| <p>Telephone number of Authorized Officer: 402-426-6245</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371586 | | <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> | | | | | |

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: SODTOWN TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Mike Plautz</p> | | | | <p>Digitally signed by Mike Plautz DN:cn=Mike Plautz,email=mplautz@hamilton.net,O=sodtown tel co,l= , Date:5/7/2014</p> <p>Date: 5/7/2014</p> | |
| <p>Printed name of Authorized Officer: Mike Plautz</p> | | | | | |
| <p>Title or position of Authorized Officer: Secretary</p> | | | | | |
| <p>Telephone number of Authorized Officer: 308-467-2310</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 371590 | | <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: SE NEBRASKA COMM INC | | | | | |
| Signature of Authorized Officer: Ray Joy | | | | <small>Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=se nebraska comm inc,l= , Date:5/7/2014</small> Date: 5/7/2014 | |
| Printed name of Authorized Officer: Ray Joy | | | | | |
| Title or position of Authorized Officer: Vice President | | | | | |
| Telephone number of Authorized Officer: 402-245-4451 | | | | | |
| Study Area Code of Reporting Carrier | 371591 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: STANTON TELECOM INC. | | | | | |
| Signature of Authorized Officer: Robert Paden | | | | <small>Digitally signed by Robert Paden DN:cn=Robert Paden,email=rjpaden@stanton.net,O=stanton telecom inc.,l=Stanton NE 68779, Date:5/12/2014</small> Date: 5/12/2014 | |
| Printed name of Authorized Officer: Robert Paden | | | | | |
| Title or position of Authorized Officer: Vice President/General Manager | | | | | |
| Telephone number of Authorized Officer: 402-439-2264 | | | | | |
| Study Area Code of Reporting Carrier | 371592 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Wauneta Telephone Company | | | | |
| Signature of Authorized Officer <i>Loretta M Raile</i> | | | | Date 05.16.2014 |
| Printed name of Authorized Officer Loretta M. Raile | | | | |
| Title or position of Authorized Officer President | | | | |
| Telephone number of Authorized Officer: (308) 423-2000 ext. | | | | |
| Study Area Code of Reporting Carrier | 371597 | 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 Benkelman Telephone Co., Inc. | | | | |
| Signature of Authorized Officer <i>Loretta M. Raile</i> | | | | Date 05.16.2014 |
| Printed name of Authorized Officer Loretta M. Raile | | | | |
| Title or position of Authorized Officer President | | | | |
| Telephone number of Authorized Officer: (308) 423-2000 ext. | | | | |
| Study Area Code of Reporting Carrier | 372455 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: NORTH DAKOTA TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Shawna Senger</p> | | | | <p><small>Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota tel co,l=Devils Lake ND 58301, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p> | |
| <p>Printed name of Authorized Officer: Shawna Senger</p> | | | | | |
| <p>Title or position of Authorized Officer: Chief Financial Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 701-662-6428</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 381447 | | <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,

Transmittal No. 1423

| 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 Wolverton Telephone Co | | | | |
| Signature of Authorized Officer  | | | | Date 5/9/2014 |
| Printed name of Authorized Officer David L. Dunning | | | | |
| Title or position of Authorized Officer Executive Vice President | | | | |
| Telephone number of Authorized Officer: (701) 284-7221 ext. _____ | | | | |
| Study Area Code of Reporting Carrier | 381509 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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>ABSARAKA COOP TEL CO</u></p> | | | | | |
| <p>Signature of Authorized Officer: <u>Ann Faught</u></p> | | | | <p>Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop tel co,l= , Date:5/12/2014</p> | |
| <p>Date: <u>5/12/2014</u></p> | | | | | |
| <p>Printed name of Authorized Officer: <u>Ann Faught</u></p> | | | | | |
| <p>Title or position of Authorized Officer: <u>General Manager</u></p> | | | | | |
| <p>Telephone number of Authorized Officer: <u>701-896-3404</u></p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p><u>381601</u></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><u>6/16/2014</u></p> | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY 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 | | | | BEK Communications Cooperative | | |
| Signature of Authorized Officer | | |  | | Date | 5/19/2014 |
| Printed name of Authorized Officer | | | Brett Stroh | | | |
| Title or position of Authorized Officer | | | President | | | |
| Telephone number of Authorized Officer: (701) 475-2361 ext. | | | | | | |
| Study Area Code of Reporting Carrier | 381604 | | 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,

Transmittal No. 1423

| 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 Consolidated Telcom | | | |
| Signature of Authorized Officer <i>Brenda Volesky</i> | | | Date 5/12/14 |
| Printed name of Authorized Officer Brenda Volesky | | | |
| Title or position of Authorized Officer President | | | |
| Telephone number of Authorized Officer: (701) 483-4000 ext. | | | |
| Study Area Code of Reporting Carrier | 381607 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 **Dakota Central Telecommunications Cooperative**Signature of Authorized Officer Date **05/09/2014**Printed name of Authorized Officer **Doug Wede**Title or position of Authorized Officer **President**Telephone number of Authorized Officer: **(701) 652-3184 ext.**

Study Area Code of Reporting Carrier

381610Filing Due Date for this form
(mm/dd/yyyy)**6/16/2014**

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

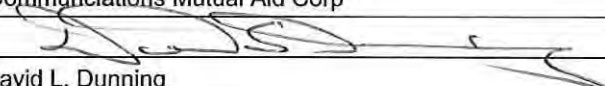
| Certification of Officer as to the Accuracy of the CAF ICC Data Reported | | | | | |
|--|--|--|---|--|--|
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p> | | | | | |
| <p>Name of Reporting Carrier: DICKY RURAL COOP</p> | | | | | |
| <p>Signature of Authorized Officer: Robert Johnson</p> | | | | <p><small>Digitally signed by Robert Johnson DN:cn=Robert Johnson,email=rjohnson@drtel.com,O=dickey rural coop, Date:5/19/2014</small></p> | |
| <p>Date: 5/19/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Robert Johnson</p> | | | | | |
| <p>Title or position of Authorized Officer: CEO/General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 701-344-6010</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 381611 | | <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: DICKEY RURAL COOP | | | | | |
| Signature of Authorized Officer: Robert Johnson | | | | Digitally signed by Robert Johnson DN:cn=Robert Johnson,email=rjohnson@dtel.com,O=dickey rural coop, Date:11/4/2014 | |
| Date: 11/4/2014 | | | | | |
| Printed name of Authorized Officer: Robert Johnson | | | | | |
| Title or position of Authorized Officer: CEO/General Manager | | | | | |
| Telephone number of Authorized Officer: 701-344-6010 | | | | | |
| Study Area Code of Reporting Carrier | 381611 | | 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,

Transmittal No. 1423

| 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 Polar Communciations Mutual Aid Corp | | | | |
| Signature of Authorized Officer  | | | | Date 5/9/2014 |
| Printed name of Authorized Officer David L. Dunning | | | | |
| Title or position of Authorized Officer GM/CEO | | | | |
| Telephone number of Authorized Officer: (701) 284-7221 , ext. _____ | | | | |
| Study Area Code of Reporting Carrier | 381614 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: GRIGGS COUNTY TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Tyler Kilde</p> | | | | <p><small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tylerk@mlgc.biz,O=griggs county tel co,l=Enderlin ND 58027-0066, Date:5/20/2014</small></p> <p>Date: 5/20/2014</p> | |
| <p>Printed name of Authorized Officer: Tyler Kilde</p> | | | | | |
| <p>Title or position of Authorized Officer: VP/GM</p> | | | | | |
| <p>Telephone number of Authorized Officer: 701-437-3417</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 381615 | | <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: INTER-COMMUNITY TEL</p> | | | | | |
| <p>Signature of Authorized Officer: Keith Andersen</p> | | | | <p><small>Digitally signed by Keith Andersen DN:cn=Keith Andersen,email=kander@ictc.com,O=inter-community tel,l=Nome ND 58062-0008, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p> | |
| <p>Printed name of Authorized Officer: Keith Andersen</p> | | | | | |
| <p>Title or position of Authorized Officer: Secretary/Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 701-924-8815</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 381616 | | <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: MIDSTATE TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Mark Wilhelmi</p> | | | | <p><small>Digitally signed by Mark Wilhelmi DN: cn=Mark Wilhelmi, email=markw@midstatetel.com, O=midstate tel co, l=Stanley ND 58784-0400, Date: 5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Mark Wilhelmi</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 701-628-2522</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 381617 | | <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: MIDSTATE TEL CO</p> | | | | | |
| <p>Signature of Authorized Officer: Ryan Wilhelmi</p> | | | | <p><small>Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate tel co,l=Stanley ND 58784-0400, Date:12/17/2014</small></p> <p>Date: 12/17/2014</p> | |
| <p>Printed name of Authorized Officer: Ryan Wilhelmi</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 701-628-2522</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 381617 | | <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> | | | | | |

TO BE COMPLETED BY THE REPORTING CARRIER.

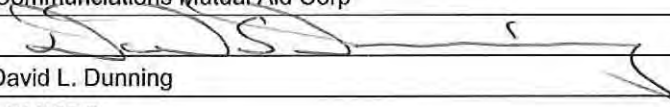
| Certification of Officer as to the Accuracy of the CAF ICC Data Reported | | | | | |
|--|--------|--|--|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. | | | | | |
| Name of Reporting Carrier: GRIGGS CTY (M&L) | | | | | |
| Signature of Authorized Officer: Tyler Kilde | | | | <small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tylerk@mlgc.biz,O=griggs cty (m&l),l=Enderlin ND 58027-0066, Date:5/20/2014</small> Date: 5/20/2014 | |
| Printed name of Authorized Officer: Tyler Kilde | | | | | |
| Title or position of Authorized Officer: VP/GM | | | | | |
| Telephone number of Authorized Officer: 701-437-3417 | | | | | |
| Study Area Code of Reporting Carrier | 381622 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: NORTHWEST COMM COOP | | | | | |
| Signature of Authorized Officer: Mike Steffan | | | | <small>Digitally signed by Mike Steffan DN:cn=Mike Steffan,email=mikes@nccray.com,O=northwest comm coop, Ray ND 58849-0038, Date:5/9/2014</small> Date: 5/9/2014 | |
| Printed name of Authorized Officer: Mike Steffan | | | | | |
| Title or position of Authorized Officer: General Manager/CEO | | | | | |
| Telephone number of Authorized Officer: 701-568-3331 | | | | | |
| Study Area Code of Reporting Carrier | 381625 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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,

Transmittal No. 1423

| 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 Polar Communciations Mutual Aid Corp | | | |
| Signature of Authorized Officer  | | | Date 5/9/2014 |
| Printed name of Authorized Officer David L. Dunning | | | |
| Title or position of Authorized Officer GM/CEO | | | |
| Telephone number of Authorized Officer: (701) 284-7221 ext. _____ | | | |
| Study Area Code of Reporting Carrier | 381630 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: RED RIVER COMM. | | | | | |
| Signature of Authorized Officer: Jeffrey Olson | | | | <small>Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jeffolson@rrt.net,O=red river comm.,l=Abercrombie ND 58001, Date:5/13/2014</small> Date: 5/13/2014 | |
| Printed name of Authorized Officer: Jeffrey Olson | | | | | |
| Title or position of Authorized Officer: General Manager/Executive Secretary | | | | | |
| Telephone number of Authorized Officer: 701-553-8309 | | | | | |
| Study Area Code of Reporting Carrier | 381631 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: Reservation Telephone Cooperative | | | | |
| Signature of Authorized Officer: <i>Royce S. Aslakson</i> | | | Date: 5-15-14 | |
| Printed name of Authorized Officer: Royce S. Aslakson | | | | |
| Title or position of Authorized Officer: CEO / General Manager | | | | |
| Telephone number of Authorized Officer: (701) 862-3115 ext. | | | | |
| Study Area Code of Reporting Carrier | 381632 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: UNITED TEL MUTUAL</p> | | | | | |
| <p>Signature of Authorized Officer: Perry Oster</p> | | | | <p><small>Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united tel mutual,l=Langdon ND 58249-0729, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p> | |
| <p>Printed name of Authorized Officer: Perry Oster</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 701-256-5156</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 381636 | | <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. RIVER TELECOM.</p> | | | | | |
| <p>Signature of Authorized Officer: Bonnie Krause</p> | | | | <p><small>Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=w. river telecom.,l=Hazen ND 58545-0467, Date:5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Bonnie Krause</p> | | | | | |
| <p>Title or position of Authorized Officer: CEO/GM</p> | | | | | |
| <p>Telephone number of Authorized Officer: 701-748-4221</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 381637 | | <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: MIDSTATE COMM.</p> | | | | | |
| <p>Signature of Authorized Officer: Mark Wilhelmi</p> | | | | <p><small>Digitally signed by Mark Wilhelmi DN: cn=Mark Wilhelmi, email=markw@midstatetel.com, O=midstate comm., l=Stanley ND 58784-0400, Date: 5/19/2014</small></p> <p>Date: 5/19/2014</p> | |
| <p>Printed name of Authorized Officer: Mark Wilhelmi</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 701-628-2522</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 381638 | | <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: NEMONT TEL COOP - ND | | | | | |
| Signature of Authorized Officer: Remi Sun | | | | <small>Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop - nd,l=Scobey MT 59263-0600, Date:5/19/2014</small> Date: 5/19/2014 | |
| Printed name of Authorized Officer: Remi Sun | | | | | |
| Title or position of Authorized Officer: CFO | | | | | |
| Telephone number of Authorized Officer: 406-783-2358 | | | | | |
| Study Area Code of Reporting Carrier | 382247 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: NEMONT TEL COOP - ND | | | | | |
| Signature of Authorized Officer: Remi Sun | | | | <small>Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop - nd,l=Scobey MT 59263-0600, Date:11/4/2014</small> Date: 11/4/2014 | |
| Printed name of Authorized Officer: Remi Sun | | | | | |
| Title or position of Authorized Officer: CFO | | | | | |
| Telephone number of Authorized Officer: 406-783-2358 | | | | | |
| Study Area Code of Reporting Carrier | 382247 | | 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: SRT COMMUNICATIONS | | | | | |
| Signature of Authorized Officer: Steve Lysne | | | | <small>Digitally signed by Steve Lysne DN:cn=Steve Lysne,email=stevedl@srttel.com,O=srt communications,l=Minot ND 58702-2027, Date:5/13/2014</small> Date: 5/13/2014 | |
| Printed name of Authorized Officer: Steve Lysne | | | | | |
| Title or position of Authorized Officer: General Manager/CEO | | | | | |
| Telephone number of Authorized Officer: 701-858-5246 | | | | | |
| Study Area Code of Reporting Carrier | 383303 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: SRT COMMUNICATIONS</p> | | | | | |
| <p>Signature of Authorized Officer: Steve Lysne</p> | | | | <p>Digitally signed by Steve Lysne DN:cn=Steve Lysne,email=stevedl@srttel.com,O=srt communications,l=Minot ND 58702-2027, Date:10/24/2014</p> | |
| <p>Date: 10/24/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Steve Lysne</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 701-858-5246</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 383303 | | <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> | | | | | |

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: ALLIANCE-HILLS SD</p> | | | | | |
| <p>Signature of Authorized Officer: Kari Flanagan</p> | | | | <p>Digitally signed by Kari Flanagan DN: cn=Kari Flanagan, email=karif@alliance.coop, O=alliance-hills sd, l=Garretson SD 57030, Date: 5/13/2014</p> | |
| <p>Date: 5/13/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Kari Flanagan</p> | | | | | |
| <p>Title or position of Authorized Officer: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 605-594-8228</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 391405 | | <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 | | | | | |
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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: GOLDEN WEST-ARMOUR</p> | | | | | |
| <p>Signature of Authorized Officer: Dennis Law</p> | | | | <p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-armour,l=Wall SD 57790-0411, Date:5/12/2014</p> | |
| <p>Date: 5/12/2014</p> | | | | | |
| <p>Printed name of Authorized Officer: Dennis Law</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 605-279-2161</p> | | | | | |
| Study Area Code of Reporting Carrier | 391640 | | 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 | | | | | |
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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: ALLIANCE-BALTIC | | | | | |
| Signature of Authorized Officer: Kari Flanagan | | | | Digitally signed by Kari Flanagan DN: cn=Kari Flanagan, email=karif@alliance.coop, O=alliance-baltic, I=G arretson SD 57030, Date: 5/13/2014 | |
| Date: 5/13/2014 | | | | | |
| Printed name of Authorized Officer: Kari Flanagan | | | | | |
| Title or position of Authorized Officer: CFO | | | | | |
| Telephone number of Authorized Officer: 605-594-8228 | | | | | |
| Study Area Code of Reporting Carrier | 391642 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2014 | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 | | | |
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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 <u>Cheyenne River Sioux Tribe Telephone Authority</u> | | | |
| Signature of Authorized Officer <u>Ivan Bruguier</u> | | | Date <u>5/7/2014</u> |
| Printed name of Authorized Officer <u>Ivan Bruguier</u> | | | |
| Title or position of Authorized Officer <u>Board Chairman</u> | | | |
| Telephone number of Authorized Officer: <u>(605) 964-2600</u> ext. <u> </u> | | | |
| Study Area Code of Reporting Carrier | <u>391647</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 | | | | | |
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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: BERESFORD MUNICIPAL</p> | | | | | |
| <p>Signature of Authorized Officer: Todd Hansen</p> | | | | <p><small>Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal, = , Date:5/14/2014</small></p> <p>Date: 5/14/2014</p> | |
| <p>Printed name of Authorized Officer: Todd Hansen</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager</p> | | | | | |
| <p>Telephone number of Authorized Officer: 605-763-2500</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 391649 | | <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.

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|---|---------------|---|----------------------|
| Name of Reporting Carrier Knology Community Telephone, Inc. | | | |
| Signature of Authorized Officer  | | | Date 5/9/2014 |
| Printed name of Authorized Officer Bruce Schoonover | | | |
| Title or position of Authorized Officer Vice-President Regulatory Compliance | | | |
| Telephone number of Authorized Officer: (706) 645-8116 ext. | | | |
| Study Area Code of Reporting Carrier | 391652 | 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 | | | | | |
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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: CITY OF FAITH MUNIC</p> | | | | | |
| <p>Signature of Authorized Officer: Debbie Brown</p> | | | | <p><small>Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith munic,l=Faith SD 57626-0368, Date:5/14/2014</small></p> <p>Date: 5/14/2014</p> | |
| <p>Printed name of Authorized Officer: Debbie Brown</p> | | | | | |
| <p>Title or position of Authorized Officer: Finance Officer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 605-967-2261</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 391653 | | <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,

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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 Interstate Telecommunications Cooperative, Inc.</p> | | | | |
| <p>Signature of Authorized Officer <i>Warren Brandlee</i></p> | | | <p>Date 5/8/14</p> | |
| <p>Printed name of Authorized Officer Warren Brandlee</p> | | | | |
| <p>Title or position of Authorized Officer President</p> | | | | |
| <p>Telephone number of Authorized Officer: (605) 874-2181 ext.</p> | | | | |
| <p>Study Area Code of Reporting Carrier</p> | <p>391654</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 | | | | | |
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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: ALLIANCE-SPLITROCK</p> | | | | | |
| <p>Signature of Authorized Officer: Kari Flanagan</p> | | | | <p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-splitrock, =Garretson SD 57030, Date:5/13/2014</p> <p>Date: 5/13/2014</p> | |
| <p>Printed name of Authorized Officer: Kari Flanagan</p> | | | | | |
| <p>Title or position of Authorized Officer: CFO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 605-594-8228</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 391657 | | <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 | | | | | |
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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: GOLDEN WEST TELECOM</p> | | | | | |
| <p>Signature of Authorized Officer: Dennis Law</p> | | | | <p><small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom,1=Wall SD 57790-0411, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p> | |
| <p>Printed name of Authorized Officer: Dennis Law</p> | | | | | |
| <p>Title or position of Authorized Officer: General Manager/CEO</p> | | | | | |
| <p>Telephone number of Authorized Officer: 605-279-2161</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 391659 | | <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 | | | | | |
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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: FT RANDALL-MT RUSHMR</p> | | | | | |
| <p>Signature of Authorized Officer: Bruce Hanson</p> | | | | <p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=ft randall-mt rushmr,l=, Date:5/15/2014</small></p> <p>Date: 5/15/2014</p> | |
| <p>Printed name of Authorized Officer: Bruce Hanson</p> | | | | | |
| <p>Title or position of Authorized Officer: Treasurer</p> | | | | | |
| <p>Telephone number of Authorized Officer: 320-847-2211</p> | | | | | |
| <p>Study Area Code of Reporting Carrier</p> | 391660 | | <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> | | | | | |