

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Daniel Greig**

Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmtc.com,O=farmers mutual tel,l=Fruitland ID 83619, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Daniel Greig**

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

Telephone number of Authorized Officer: **208-452-3100**

Study Area Code of Reporting Carrier

**472221**

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

**6/16/2014**

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

Signature of Authorized Officer: **Theodore Otis**

Digitally signed by Theodore Otis DN:cn=Theodore Otis,email=totis@blackfoot.com,O=fremont telcom,l= , Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Theodore Otis**

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

Telephone number of Authorized Officer: **406-541-5228**

Study Area Code of Reporting Carrier

**472222**

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

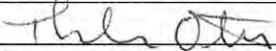
**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					Fremont Telcom						
Signature of Authorized Officer								Date		10/23/14	
Printed name of Authorized Officer					Theodore P. Otis						
Title or position of Authorized Officer					Chief Financial Officer						
Telephone number of Authorized Officer:					(406) 541-5228 ext.						
Study Area Code of Reporting Carrier			472222		Filing Due Date for this form (mm/dd/yyyy)		November 2014				

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MIDVALE TEL EXCH INC

Signature of Authorized Officer: **John Stuart**

Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale tel exch inc,l=Midvale ID 83645, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: John Stuart

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 208-355-2211

Study Area Code of Reporting Carrier

472226

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

6/16/2014

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

RECEIVED 05/19/2014 15:00 12083745688

Ron's Tire Factory Fax: 1-208-663-4989

May 19 2014 03:35pm

MUD LAKE TELEPHONE  
APPENDIX C  
EXHIBIT 3  
P004/004

472227

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICG 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: <b>Mud Lake Telephone Cooperative Association, Inc.</b>	
Signature of Authorized Officer: <i>Justin Petersen</i>	Date: <b>05/19/2014</b>
Printed name of Authorized Officer: <b>Justin Petersen</b>	
Title of position of Authorized Officer: <b>President</b>	
Telephone number of Authorized Officer: <b>(208) 374-5401 ext.</b>	
Study Area Code of Reporting Carrier: <b>472227</b>	Filing Due Date for this form (mm/dd/yyyy): <b>6/16/2014</b>

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

Signature of Authorized Officer: Rick Harder

Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel,lc= , Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Rick Harder

Title or position of Authorized Officer: CFO/Treasurer

Telephone number of Authorized Officer: 208-434-7124

Study Area Code of Reporting Carrier

472231

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

6/16/2014

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

Signature of Authorized Officer: **Leonard May**

Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland,l=Rockland ID 83271, Date:5/9/2014

Date: **5/9/2014**

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

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

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

Study Area Code of Reporting Carrier

**472232**

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

**6/16/2014**

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

472233

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 <b>Rural Telephone Company - ID</b>			
Signature of Authorized Officer 			Date <b>05/19/2014</b>
Printed name of Authorized Officer <b>Michael J. Martell</b>			
Title or position of Authorized Officer <b>Vice-President</b>			
Telephone number of Authorized Officer: <b>(208) 366-2614</b> ext.			
Study Area Code of Reporting Carrier	<b>472233</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: SILVER STAR TEL- ID

Signature of Authorized Officer: Jefferson England

Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel-id,I=Freedom WY 83120, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Jefferson England

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 307-883-6675

Study Area Code of Reporting Carrier

472295

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

6/16/2014

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

472423

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 <b>Inland Telephone Company - ID</b>			
Signature of Authorized Officer <i>Gregory A. Maras</i>			Date <b>May 20, 2014</b>
Printed name of Authorized Officer <b>Gregory A. Maras</b>			
Title or position of Authorized Officer <b>Secretary</b>			
Telephone number of Authorized Officer: <b>(509) 649-2211</b> , ext.			
Study Area Code of Reporting Carrier	<b>472423</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **BLACKFOOT TEL - BTC**

Signature of Authorized Officer: **Theodore Otis**

Digitally signed by Theodore Otis DN:cn=Theodore Otis,email=totis@blackfoot.com,O=blackfoot tel - btc,l= , Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Theodore Otis**

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

Telephone number of Authorized Officer: **406-541-5228**

Study Area Code of Reporting Carrier

**482235**

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

**6/16/2014**

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

Signature of Authorized Officer: **Kathe Johnson**

Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe\_ann@yahoo.com,O=hot springs tel co,l=Missoula MT 59808, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Kathe Johnson**

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

Telephone number of Authorized Officer: **406-721-0846**

Study Area Code of Reporting Carrier

**482241**

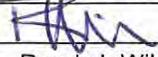
Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2014**

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

482242

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<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 <b>InterBel Telephone Cooperative, Inc</b>			
Signature of Authorized Officer 			Date <b>05/12/14</b>
Printed name of Authorized Officer <b>Randy L Wilson</b>			
Title or position of Authorized Officer <b>CEO General Manager</b>			
Telephone number of Authorized Officer: <b>(406) 889-3311</b> ext.			
Study Area Code of Reporting Carrier	<b>482242</b>	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	<b>6/16/2014</b>
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY 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: **LINCOLN TEL CO INC**

Signature of Authorized Officer: **Ken Lumpkin**

Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@linctel.net,O=lincoln tel co inc,lc= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Ken Lumpkin**

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

Telephone number of Authorized Officer: **406-362-4216**

Study Area Code of Reporting Carrier

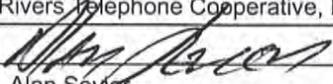
**482244**

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

**6/16/2014**

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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 <b>Mid-Rivers Telephone Cooperative, Inc.</b>					
Signature of Authorized Officer 				Date <b>05/14/2014</b>	
Printed name of Authorized Officer <b>Alan Sewer</b>					
Title or position of Authorized Officer <b>President</b>					
Telephone number of Authorized Officer: <b>(406) 485-3301, ext.</b>					
Study Area Code of Reporting Carrier	<b>482246</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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-MT

Signature of Authorized Officer: Remi Sun

Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop-mt,l=Scobey MT 59263-0600, Date:5/19/2014

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

482247

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

6/16/2014

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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: **NORTHERN TEL COOP**

Signature of Authorized Officer: **Rick Neva**

Digitally signed by Rick Neva DN:cn=Rick Neva,email=rneva@northerntel.net,O=northern tel coop,l=Sunburst MT 59482-0190, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Rick Neva**

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

Telephone number of Authorized Officer: **406-937-2114**

Study Area Code of Reporting Carrier

**482248**

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

**6/16/2014**

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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: PROJECT TEL CO

Signature of Authorized Officer: Remi Sun

Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=project tel co,l=Scobey MT 59263-0600, Date:5/19/2014

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

482250

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

6/16/2014

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TO BE COMPLETED BY THE REPORTING CARRIER.

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

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Name of Reporting Carrier: RANGE TEL COOP-MT

Signature of Authorized Officer: Erick Steinman

Digitally signed by Eric= Steinman DN:cn, Eric= Steinman@mail, eric=k rangetel.coop@, range tel coop-mt@ @date:5/14/1420

Date: 5/20/2014

Printed name of Authorized Officer: Erick Steinman

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 406-347-2226

Study Area Code of Reporting Carrier

482251

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

6/16/2014

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TO BE COMPLETED BY THE REPORTING CARRIER.

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

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Name of Reporting Carrier: SOUTHERN MONTANA TEL

Signature of Authorized Officer: Larry Mason

Digitally signed by Larry Mason DN:cn=Larry Mason,email=LMason@SMTel.com,O=southern montana tel,l=Wisdom MT 59761, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Larry Mason

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

Telephone number of Authorized Officer: 406-689-3333

Study Area Code of Reporting Carrier

482254

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

6/16/2014

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TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<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: <span style="color: blue;">3-RIVERS TEL COOP</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bradley Veis</span>				<small>Digitally signed by Bradley Veis DN:cn=Bradley Veis,email=brad.veis@3rivers.coop,O=3-rivers tel coop,l=Fairfield MT 59436-0429, Date:5/19/2014</small>	
Date: <span style="color: blue;">5/19/2014</span>					
Printed name of Authorized Officer: <span style="color: blue;">Bradley Veis</span>					
Title or position of Authorized Officer: <span style="color: blue;">Director of Finance/CFO</span>					
Telephone number of Authorized Officer: <span style="color: blue;">406-467-4405</span>					
Study Area Code of Reporting Carrier	482255		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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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>					
Name of Reporting Carrier: <span style="float: right;">TRIANGLE TEL COOP</span>					
Signature of Authorized Officer: <span style="float: right;"><b>Richard Stevens</b></span>				Digitally signed by Richard Stevens DN:cn=Richard Stevens,email=rstevens@itstriangle.net,O=triangle tel coop,l=Havre MT 59501-1220, Date:5/14/2014	
Date: <span style="float: right;">5/14/2014</span>					
Printed name of Authorized Officer: <span style="float: right;">Richard Stevens</span>					
Title or position of Authorized Officer: <span style="float: right;">General Manager</span>					
Telephone number of Authorized Officer: <span style="float: right;">406-394-2000</span>					
Study Area Code of Reporting Carrier	482257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

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: 0BLACKFOOTBEAKO

Signature of Authorized Officer: Theodore Otis

Digitally signed by Theodore Otis DN:cn=Theodore Otis,email=totis@blackfoot.com,O=blackfoot tel - cft,l= , Date:5/14/2014

Date: 5/14/14

Printed name of Authorized Officer: Theodore Otis

Title or position of Authorized Officer: AKF

Telephone number of Authorized Officer: 435/5118

Study Area Code of Reporting Carrier

482238

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

5/14/14

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

Signature of Authorized Officer: **Richard Stevens**

Digitally signed by Richard Stevens DN:cn=Richard Stevens,email=rstevens@itstriangle.net,O=central montana,l=Havre MT 59501-1220, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Richard Stevens**

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

Telephone number of Authorized Officer: **406-394-2000**

Study Area Code of Reporting Carrier

**483310**

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

**6/16/2014**

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

Signature of Authorized Officer: **Godfrey Enjady**

Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache,I=Mescalero NM 88340, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Godfrey Enjady**

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

Telephone number of Authorized Officer: **505-795-5555**

Study Area Code of Reporting Carrier

**491231**

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

**6/16/2014**

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

Signature of Authorized Officer: **Marcy Guillen**

Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@dellcity.com,O=dell tel co-op - nm,l= , Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Marcy Guillen**

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

Telephone number of Authorized Officer: **915-964-2352**

Study Area Code of Reporting Carrier

**492066**

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

**6/16/2014**

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

Signature of Authorized Officer: **Steven Metts**

Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop - nm,l=Willcox AZ 85644, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Steven Metts

Title or position of Authorized Officer: CEO / General Manager

Telephone number of Authorized Officer: 520-384-2231

Study Area Code of Reporting Carrier	492176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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: **BACA VALLEY TEL CO**

Signature of Authorized Officer: **Peggy Briesh**

Digitally signed by Peggy Briesh DN:cn=Peggy Briesh,email=bvtpb@bacavalley.com,O=baca valley tel co,l=Des Moines NM 88418-0067, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Peggy Briesh**

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

Telephone number of Authorized Officer: **575-278-2101**

Study Area Code of Reporting Carrier

**492259**

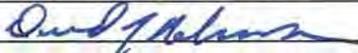
Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2014**

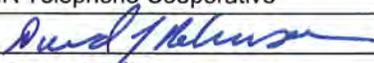
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

492262

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 ENMR Telephone Cooperative NM			
Signature of Authorized Officer 			Date 5/19/2014
Printed name of Authorized Officer David J Robinson			
Title or position of Authorized Officer Chief Financial Officer			
Telephone number of Authorized Officer: (575) 389-5100 ext.			
Study Area Code of Reporting Carrier	492262	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 ENMR Telephone Cooperative			
Signature of Authorized Officer 			Date 12/18/2014
Printed name of Authorized Officer David J. Robinson			
Title or position of Authorized Officer Chief Financial Officer			
Telephone number of Authorized Officer: (575) 389-5100 ext.			
Study Area Code of Reporting Carrier	492262	Filing Due Date for this form (mm/dd/yyyy)	1/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

492263

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>La Jicarita Rural Telephone Cooperative, Inc.</u>			
Signature of Authorized Officer <u><i>Danny Gray</i></u>			Date <u>5/19/14</u>
Printed name of Authorized Officer <u>Danny Gray</u>			
Title or position of Authorized Officer <u>General Manager</u>			
Telephone number of Authorized Officer: <u>(575) 387-2216</u> , ext.			
Study Area Code of Reporting Carrier	<u>492263</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: **LEACO RURAL TEL COOP**

Signature of Authorized Officer: **Dale Snider**

Digitally signed by Dale Snider DN:cn=Dale Snider,email=dsnider@leaco.org,O=leaco rural tel coop,lc=, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Dale Snider**

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

Telephone number of Authorized Officer: **575-433-4301**

Study Area Code of Reporting Carrier

**492264**

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

**6/16/2014**

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

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<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: <span style="color: blue;">Tularosa Basin Tel.</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Joshua Beug</span>				Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbc.net,O=tularosa basin tel.,l= , Date:5/9/2014	
Date: <span style="color: blue;">5/9/2014</span>					
Printed name of Authorized Officer: <span style="color: blue;">Joshua Beug</span>					
Title or position of Authorized Officer: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">575-585-0125</span>					
Study Area Code of Reporting Carrier	492265		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

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 NEW MEXICO**

Signature of Authorized Officer: **John Francis**

Digitally signed by John Francis DN:cn=John Francis,email=jfrancis@wnmt.com,O=western new mexico,l=Silver City NM 88061, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **John Francis**

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

Telephone number of Authorized Officer: **575-535-2230**

Study Area Code of Reporting Carrier

**492268**

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

**6/16/2014**

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

Signature of Authorized Officer: **Kevin Bartley**

Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Kevin Bartley**

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

Telephone number of Authorized Officer: **575-748-1241**

Study Area Code of Reporting Carrier

**492270**

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

**6/16/2014**

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

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<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: <span style="color: blue;">ROOSEVELT CNTY RURAL</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Cecile Archibeque</span>				Digitally signed by Cecile Archibeque DN:cn=Cecile Archibeque,email=cecile@yuccatelecom.com,O=roosevelt cnty rural,l=Portales NM 88130-0867, Date:5/13/2014	
Date: <span style="color: blue;">5/13/2014</span>					
Printed name of Authorized Officer: <span style="color: blue;">Cecile Archibeque</span>					
Title or position of Authorized Officer: <span style="color: blue;">General Manager/EO</span>					
Telephone number of Authorized Officer: <span style="color: blue;">575-226-2255</span>					
Study Area Code of Reporting Carrier	492272		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<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: <span style="color: blue;">SACRED WIND</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Badal</span>				<small>Digitally signed by John Badal DN:cn=John Badal,email=jbadal@sacred-wind.com,O=sacred wind,l= , Date:5/12/2014</small> Date: <span style="color: blue;">5/12/2014</span>	
Printed name of Authorized Officer: <span style="color: blue;">John Badal</span>					
Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">505-821-5080</span>					
Study Area Code of Reporting Carrier	493403		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

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: **DIRECTCOMM-CEDAR VAL**

Signature of Authorized Officer: **Kip Wilson**

Digitally signed by Kip Wilson DN:cn=Kip Wilson, email=kip@directcom.com, O=directcomm-cedar val, I=Rockland ID 83271, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Kip Wilson**

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

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

Study Area Code of Reporting Carrier

**500758**

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

**6/16/2014**

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

Signature of Authorized Officer: **Mike Plows**

Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Mike Plows**

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

Telephone number of Authorized Officer: **425-275-1013**

Study Area Code of Reporting Carrier

**502277**

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

**6/16/2014**

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

Signature of Authorized Officer: **Natalie Gleave**

Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel co,l=Gunnison UT 84634, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Natalie Gleave**

Title or position of Authorized Officer: **Controller/Director**

Telephone number of Authorized Officer: **435-528-7236**

Study Area Code of Reporting Carrier

**502279**

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

**6/16/2014**

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

Signature of Authorized Officer: Dallas Cox

Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti tel co,l= , Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer: Dallas Cox

Title or position of Authorized Officer: Vice President and General Manager

Telephone number of Authorized Officer: 435-835-3391

Study Area Code of Reporting Carrier

502282

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

6/16/2014

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

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<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: <span style="color: blue;">SKYLINE TELECOM</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mike Plows</span>				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,l=, Date:5/19/2014</small> Date: <span style="color: blue;">5/19/2014</span>	
Printed name of Authorized Officer: <span style="color: blue;">Mike Plows</span>					
Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">425-275-1013</span>					
Study Area Code of Reporting Carrier	502283		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

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: BEEHIVE TEL CO - UT

Signature of Authorized Officer: **Jacob Warner**

Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive tel co - ut,l=, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Jacob Warner

Title or position of Authorized Officer: President/General Manager

Telephone number of Authorized Officer: 435-837-6000

Study Area Code of Reporting Carrier

502284

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

6/16/2014

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

502286

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 <b>South Central Utah Telephone Asson, Inc.</b>			
Signature of Authorized Officer <i>Michael R. East</i>		Date <b>05/20/2014</b>	
Printed name of Authorized Officer <b>Michael R. East</b>			
Title or position of Authorized Officer <b>CEO</b>			
Telephone number of Authorized Officer: <b>(435) 826-4211 ext.</b>			
Study Area Code of Reporting Carrier	<b>502286</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **UBTA-UBET/STRATA**

Signature of Authorized Officer: **Karl Searle**

Digitally signed by Karl Searle DN:cn=Karl Searle,email=ksearle@stratanetworks.com,O=ubta-ubet/s trata,l=Roosevelt UT 84066, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Karl Searle**

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

Telephone number of Authorized Officer: **435-622-5472**

Study Area Code of Reporting Carrier

**502287**

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

**6/16/2014**

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

Signature of Authorized Officer: Jenny Prescott

Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,l=Kamas UT 84036, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Jenny Prescott

Title or position of Authorized Officer: VP Customer Service & Finance

Telephone number of Authorized Officer: 435-783-4913

Study Area Code of Reporting Carrier

502288

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

6/16/2014

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

Signature of Authorized Officer: **Mike Plows**

Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake comm, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Mike Plows**

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

Telephone number of Authorized Officer: **425-275-1013**

Study Area Code of Reporting Carrier

**503032**

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

**6/16/2014**

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

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<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: <span style="color: blue;">RANGE TEL COOP - WY</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Erick Steinman</span>				Digitally signed by Erick Steinman DN:cn=Erick Steinman,email=erick@rangetel.coop,O=range tel coop - wy,l= , Date:5/20/2014	
Date: <span style="color: blue;">5/20/2014</span>					
Printed name of Authorized Officer: <span style="color: blue;">Erick Steinman</span>					
Title or position of Authorized Officer: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer: <span style="color: blue;">406-347-2226</span>					
Study Area Code of Reporting Carrier	512251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

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: **CHUGWATER TEL CO**

Signature of Authorized Officer: **Greg Cashner**

Digitally signed by Greg Cashner DN:cn=Greg Cashner,email=greg.cashner@chugtelco.com,O=chugwater tel co,l=Chugwater WY 82210, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Greg Cashner**

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

Telephone number of Authorized Officer: **307-422-3535**

Study Area Code of Reporting Carrier

**512289**

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

**6/16/2014**

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

Signature of Authorized Officer: **Jenny Prescott**

Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm.-wy,l=Kamas UT 84036, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Jenny Prescott

Title or position of Authorized Officer: VP Customer Service & Finance

Telephone number of Authorized Officer: 435-783-4913

Study Area Code of Reporting Carrier

512290

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

6/16/2014

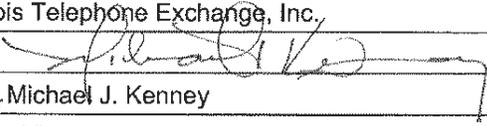
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

512291

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 <b>Dubois Telephone Exchange, Inc.</b>			
Signature of Authorized Officer 			Date <b>5/13/14</b>
Printed name of Authorized Officer <b>Michael J. Kenney</b>			
Title or position of Authorized Officer <b>Vice President/General Manager</b>			
Telephone number of Authorized Officer: <b>(307) 455-2341 ext.</b>			
Study Area Code of Reporting Carrier	<b>512291</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<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: <span style="color: blue;">SILVER STAR TEL-WY</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jefferson England</span>				Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel-wy,l=Freedom WY 83120, Date:5/12/2014	
Date: <span style="color: blue;">5/12/2014</span>					
Printed name of Authorized Officer: <span style="color: blue;">Jefferson England</span>					
Title or position of Authorized Officer: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer: <span style="color: blue;">307-883-6675</span>					
Study Area Code of Reporting Carrier	512295		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

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: WESTGATE dba WEA/TEL

Signature of Authorized Officer: **Richard Weaver**

Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=rick@weavnet.com,O=westgate dba weavtel,l=Chelan WA 98816, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer: Richard Weaver

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 509-682-5556

Study Area Code of Reporting Carrier

520580

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

6/16/2014

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

Signature of Authorized Officer: **Delinda Kluser**

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=skyline telecom co.,l=Mt. Vernon OR 97865-0609, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Delinda Kluser

Title or position of Authorized Officer: Vice President, Manager

Telephone number of Authorized Officer: 541-932-4411

Study Area Code of Reporting Carrier

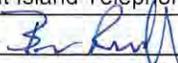
520581

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

6/16/2014

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

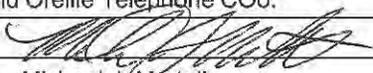
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>Hat Island Telephone Company</b>			
Signature of Authorized Officer 			Date <b>5/16/2014</b>
Printed name of Authorized Officer <b>Bruce Russell</b>			
Title or position of Authorized Officer <b>Chief Operating Officer</b>			
Telephone number of Authorized Officer: <b>(360) 321-0086</b> ext.			
Study Area Code of Reporting Carrier	<b>522417</b>	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	<b>6/16/2014</b>
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

522418

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				Pend Oreille Telephone COo.	
Signature of Authorized Officer			Date		
			05/19/2014		
Printed name of Authorized Officer					
Michael J. Martell					
Title or position of Authorized Officer					
Vice-President					
Telephone number of Authorized Officer: (208) 366-2614 ext.					
Study Area Code of Reporting Carrier		522418		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Hood Canal Telephone Co., Inc.

Signature of Authorized Officer *Richard Buechel*

Date 5/8/14

Printed name of Authorized Officer Richard Buechel

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (360) 898-2481, ext.

Study Area Code of Reporting Carrier 522419

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

6/16/2014

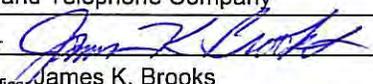
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

522423

**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 <b>Inland Telephone Company - WA</b>			
Signature of Authorized Officer <i>Gregory A. Maras</i>			Date <b>May 20, 2014</b>
Printed name of Authorized Officer <b>Gregory A. Maras</b>			
Title or position of Authorized Officer <b>Secretary</b>			
Telephone number of Authorized Officer: <b>(509) 649-2211</b> , ext.			
Study Area Code of Reporting Carrier	<b>522423</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 <b>Inland Telephone Company</b>					
Signature of Authorized Officer 				Date <b>10/22/2014</b>	
Printed name of Authorized Officer <b>James K. Brooks</b>					
Title or position of Authorized Officer <b>Treasurer/Controller</b>					
Telephone number of Authorized Officer: <b>(509) 649-2211</b> ext.					
Study Area Code of Reporting Carrier	<b>522423</b>	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	<b>November 2014</b>		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **KALAMA TEL CO**

Signature of Authorized Officer: **Rick Vitzthum**

Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama tel co,l=Tenino WA 98589, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Rick Vitzthum**

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

Telephone number of Authorized Officer: **360-264-3155**

Study Area Code of Reporting Carrier

**522426**

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

**6/16/2014**

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

522431

**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 <b>Mashell Telecom, Inc.</b>			
Signature of Authorized Officer			Date <b>5/19/2014</b>
Printed name of Authorized Officer <b>Brian Haynes</b>			
Title or position of Authorized Officer <b>President/CEO</b>			
Telephone number of Authorized Officer: <b>(360) 832-4130</b> , ext. _____			
Study Area Code of Reporting Carrier	<b>522431</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 <b>Pioneer Telephone Company</b>			
Signature of Authorized Officer <i>Dallas Filan</i>			Date <b>5/8/2014</b>
Printed name of Authorized Officer <b>Dallas Filan</b>			
Title or position of Authorized Officer <b>General Manager</b>			
Telephone number of Authorized Officer: <b>(509) 549-3511</b> , ext.			
Study Area Code of Reporting Carrier	<b>522437</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **ST JOHN TEL CO**

Signature of Authorized Officer: **Gregory Morasch**

Digitally signed by Gregory Morasch DN:cn=Gregory Morasch,email=gmorasch@stjohncable.com,O=st john tel co,l=St. John WA 99171, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **Gregory Morasch**

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

Telephone number of Authorized Officer: **509-648-3322**

Study Area Code of Reporting Carrier

**522442**

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

**6/16/2014**

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

Signature of Authorized Officer: **Rick Vitzthum**

Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino telephone co,l=Tenino WA 98589, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Rick Vitzthum**

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

Telephone number of Authorized Officer: **360-264-3155**

Study Area Code of Reporting Carrier

**522446**

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

**6/16/2014**

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

Signature of Authorized Officer: **Philip Cappalonga**

Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co, Inc., Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Philip Cappalonga**

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

Telephone number of Authorized Officer: **360-864-2004**

Study Area Code of Reporting Carrier

**522447**

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

**6/16/2014**

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

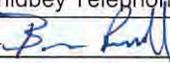
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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 WAHIAKUM COUNTY TELEPHONE COMPANY	
Signature of Authorized Officer			Date		
<i>Steven M. Appelo</i>			05/13/2014		
Printed name of Authorized Officer					
STEVEN M. APPELO					
Title or position of Authorized Officer					
CORPORATE SECRETARY					
Telephone number of Authorized Officer: (360) 465-2211, ext.					
Study Area Code of Reporting Carrier	522451	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 <b>Whidbey Telephone Company</b>			
Signature of Authorized Officer 			Date <b>5/16/2014</b>
Printed name of Authorized Officer <b>Bruce Russell</b>			
Title or position of Authorized Officer <b>Chief Operating Officer</b>			
Telephone number of Authorized Officer: <b>(360) 321-0086</b> ext.			
Study Area Code of Reporting Carrier	<b>522452</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<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: <span style="color: blue;">BEAVER CREEK COOP</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Paul Hauer</span>				<small>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@bctelco.com,O=beaver creek coop,i=Oregon City OR 97045, Date:5/15/2014</small>	
Date: <span style="color: blue;">5/15/2014</span>					
Printed name of Authorized Officer: <span style="color: blue;">Paul Hauer</span>					
Title or position of Authorized Officer: <span style="color: blue;">CEO/President</span>					
Telephone number of Authorized Officer: <span style="color: blue;">503-632-6314</span>					
Study Area Code of Reporting Carrier	532359		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

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: CANBY TEL ASSN

Signature of Authorized Officer: Paul Hauer

Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby tel assn,l=Oregon City OR 97045, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Paul Hauer

Title or position of Authorized Officer: CEO/President

Telephone number of Authorized Officer: 503-632-6314

Study Area Code of Reporting Carrier

532362

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CLEAR CREEK MUTUAL

Signature of Authorized Officer: Mitchell Moore

Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual,l= , Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer: Mitchell Moore

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 503-631-2101

Study Area Code of Reporting Carrier

532363

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

6/16/2014

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

Signature of Authorized Officer: Steve Krogue

Digitally signed by Steve Krogue DN:cn=Steve Krogue,email=steve@coltonel.com,O=colton tel co,l=Colton OR 97017-0068, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer: Steve Krogue

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 503-824-3211

Study Area Code of Reporting Carrier

532364

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

6/16/2014

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

Signature of Authorized Officer: **Mike Lattin**

Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle tel systems,I=Richland OR 97870, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Mike Lattin**

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

Telephone number of Authorized Officer: **541-893-6111**

Study Area Code of Reporting Carrier

**532369**

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

**6/16/2014**

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

Signature of Authorized Officer: **Brooke Wheeler**

Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade util inc,l=Estacada OR 97023, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Brooke Wheeler**

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

Telephone number of Authorized Officer: **503-630-8952**

Study Area Code of Reporting Carrier

**532371**

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

**6/16/2014**

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

532373

TO BE COMPLETED BY THE REPORTING CARRIER,

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

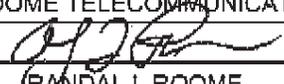
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Gervais Telephone Company	
Signature of Authorized Officer		<i>John Hoffmann</i>	Date
Printed name of Authorized Officer		John Hoffmann	May 15, 2014
Title or position of Authorized Officer		President/CEO	
Telephone number of Authorized Officer: (503) 792-3611 ext.			
Study Area Code of Reporting Carrier	532373	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

532375

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 <b>ROOME TELECOMMUNICATIONS INC</b>			
Signature of Authorized Officer 			Date <b>5-7-14</b>
Printed name of Authorized Officer <b>RANDAL L. ROOME</b>			
Title or position of Authorized Officer <b>PRESIDENT</b>			
Telephone number of Authorized Officer: <b>(541) 369-2211 ext.</b>			
Study Area Code of Reporting Carrier	<b>532375</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 102, 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: **HELIX TEL CO.**

Signature of Authorized Officer: **James Smith**

Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix tel co.,l=Helix OR 97385, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **James Smith**

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

Telephone number of Authorized Officer: **541-457-2385**

Study Area Code of Reporting Carrier

**532376**

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

**6/16/2014**

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

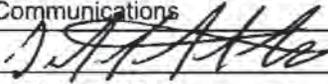
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<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: <b>TRANS-CASCADES TEL</b>					
Signature of Authorized Officer: <b>Brooke Wheeler</b>				Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=trans-cascades tel,l=Estacada OR 97023, Date:5/20/2014	
Date: <b>5/20/2014</b>					
Printed name of Authorized Officer: <b>Brooke Wheeler</b>					
Title or position of Authorized Officer: <b>CFO</b>					
Telephone number of Authorized Officer: <b>503-630-8952</b>					
Study Area Code of Reporting Carrier	<b>532378</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

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 <b>Molalla Communications</b>			
Signature of Authorized Officer 		Date <b>5-19-2014</b>	
Printed name of Authorized Officer <b>Steve Loutzenhiser</b>			
Title or position of Authorized Officer <b>President/CEO</b>			
Telephone number of Authorized Officer: <b>(503) 829-1123</b> ext.			
Study Area Code of Reporting Carrier	<b>532383</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>

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

Signature of Authorized Officer: **Geri Fraijo**

Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor coop tel, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Geri Fraijo**

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

Telephone number of Authorized Officer: **503-634-2266**

Study Area Code of Reporting Carrier

**532384**

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

**6/16/2014**

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

Signature of Authorized Officer: **Donna Dillard**

Digitally signed by Donna Dillard DN:cn=Donna Dillard,email=NECAaffairs@monroetel.com,O=monroe telephone co.,l=Monroe OR 97456, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Donna Dillard**

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

Telephone number of Authorized Officer: **541-847-5135**

Study Area Code of Reporting Carrier

**532385**

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

**6/16/2014**

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

Signature of Authorized Officer: **Paul Hauer**

Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=mt. angel tel co.,l=Oregon City OR 97045, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Paul Hauer**

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

Telephone number of Authorized Officer: **503-632-6314**

Study Area Code of Reporting Carrier

**532386**

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

**6/16/2014**

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

532387

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 <b>Nehalem Telecommunications Inc.</b>			
Signature of Authorized Officer 			Date <b>05/19/2014</b>
Printed name of Authorized Officer <b>Michael J. Martell</b>			
Title or position of Authorized Officer <b>Vice-President</b>			
Telephone number of Authorized Officer: <b>(208) 366-2614</b> , ext.			
Study Area Code of Reporting Carrier	<b>532387</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **NORTH STATE TEL CO.**

Signature of Authorized Officer: **Delinda Kluser**

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=north state tel co.,l=Mt. Vernon OR 97865-0609, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Delinda Kluser**

Title or position of Authorized Officer: **Vice President, Manager**

Telephone number of Authorized Officer: **541-932-4411**

Study Area Code of Reporting Carrier

**532388**

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

**6/16/2014**

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

Signature of Authorized Officer: Delinda Kluser

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp,I=Mt. Vernon OR 97865-0609, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Delinda Kluser

Title or position of Authorized Officer: Vice President, Manager

Telephone number of Authorized Officer: 541-932-4411

Study Area Code of Reporting Carrier

532389

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

6/16/2014

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

Signature of Authorized Officer: Justin Perez

Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho util.,l=Nampa ID 83653, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer: Justin Perez

Title or position of Authorized Officer: Controller / Corporate Secretary

Telephone number of Authorized Officer: 208-461-7802

Study Area Code of Reporting Carrier

532390

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

6/16/2014

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

Signature of Authorized Officer: **Don Lawrence**

Digitally signed by Don Lawrence DN:cn=Don Lawrence,email=donl@sctcweb.com,O=peoples tel co. - or,l=Stayton OR 97383, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Don Lawrence**

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

Telephone number of Authorized Officer: **503-769-9057**

Study Area Code of Reporting Carrier

**532391**

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

**6/16/2014**

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

Signature of Authorized Officer: **Ron Milford**

Digitally signed by Ron Milford DN:cn=Ron Milford,email=ronl@pinetel.net,O=pine tel system inc.,l=Halfway OR 97834, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Ron Milford**

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

Telephone number of Authorized Officer: **541-742-2201**

Study Area Code of Reporting Carrier

**532392**

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

**6/16/2014**

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

Signature of Authorized Officer: Michael Whalen

Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneer.net,O=pioneer tel coop,i=Philomath OR 97370-0631, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer: Michael Whalen

Title or position of Authorized Officer: Assistant Treasurer

Telephone number of Authorized Officer: 541-929-8256

Study Area Code of Reporting Carrier

532393

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

6/16/2014

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

Signature of Authorized Officer: **Nick Schneider**

Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st paul coop assn,I=St. Paul OR 97137, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Nick Schneider**

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

Telephone number of Authorized Officer: **503-633-2111**

Study Area Code of Reporting Carrier

**532396**

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

**6/16/2014**

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

Signature of Authorized Officer: **Thomas Barth**

Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tbarth@smt-net.com,O=scio mutual tel assn,l= , Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer: Thomas Barth

Title or position of Authorized Officer: CEO/General Manager

Telephone number of Authorized Officer: 503-394-3366

Study Area Code of Reporting Carrier

532397

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

6/16/2014

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

Signature of Authorized Officer: **Don Lawrence**

Digitally signed by Don Lawrence DN:cn=Don Lawrence,email=donl@sctcweb.com,O=stayton coop tel co,l=Stayton OR 97383, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Don Lawrence**

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

Telephone number of Authorized Officer: **503-769-9057**

Study Area Code of Reporting Carrier

**532399**

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

**6/16/2014**

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

Signature of Authorized Officer: Delinda Kluser

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte,l=Mt. Vernon OR 97865-0609, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Delinda Kluser

Title or position of Authorized Officer: Vice President, Manager

Telephone number of Authorized Officer: 541-932-4411

Study Area Code of Reporting Carrier

533336

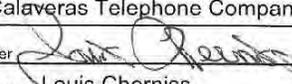
Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

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

542301

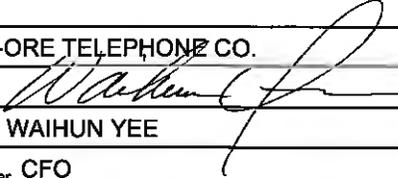
TO BE COMPLETED BY THE REPORTING CARRIER,

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 <b>Calaveras Telephone Company</b>				
Signature of Authorized Officer 			Date <b>5/20/2014</b>	
Printed name of Authorized Officer <b>Louis Cherniss</b>				
Title or position of Authorized Officer <b>Chief Financial Officer</b>				
Telephone number of Authorized Officer: <b>(209) 785-2211</b> , ext.				
Study Area Code of Reporting Carrier	<b>542301</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				CAL-ORE TELEPHONE CO.	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			WAIHUN YEE		05/16/14
Title or position of Authorized Officer			CFO		
Telephone number of Authorized Officer: (530) 397-2311, ext.					
Study Area Code of Reporting Carrier	542311		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

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

Signature of Authorized Officer: **Eric Wolfe**

Digitally signed by Eric Wolfe DN:cn=Eric Wolfe,email=egwolfe@ducortelco.com,O=ducor telephone co,l=Bakersfield CA 93384-2230, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Eric Wolfe**

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

Telephone number of Authorized Officer: **661-834-7700**

Study Area Code of Reporting Carrier

**542313**

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

**6/16/2014**

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

542318

**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 <b>Foresthill Telephone Co (dba Sebastian)</b></p>			
<p>Signature of Authorized Officer </p>			<p>Date <b>5/16/14</b></p>
<p>Printed name of Authorized Officer <b>Rhonda Armstrong</b></p>			
<p>Title or position of Authorized Officer <b>Vice President</b></p>			
<p>Telephone number of Authorized Officer: <b>(530) 367-7780</b> ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><b>542318</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></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>			

542324

**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>Kerman Telephone Co (dba Sebastian)</u></p>			
<p>Signature of Authorized Officer </p>			<p>Date <u>5/16/14</u></p>
<p>Printed name of Authorized Officer <u>Rhonda Armstrong</u></p>			
<p>Title or position of Authorized Officer <u>Vice President</u></p>			
<p>Telephone number of Authorized Officer: <u>(559) 846-7861</u>, ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><u>542324</u></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><u>6/16/2014</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: **THE PONDEROSA TEL CO**

Signature of Authorized Officer: **Kristann Mattes**

Digitally signed by Kristann Mattes DN:cn=Kristann Mattes,email=kristism@ponderosatel.com,O=the ponderosa tel co,I=O'Neals CA 93645, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Kristann Mattes**

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

Telephone number of Authorized Officer: **559-868-6346**

Study Area Code of Reporting Carrier

**542332**

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

**6/16/2014**

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

542338

**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 <b>Sierra Telephone Company, Inc.</b>			
Signature of Authorized Officer <i>Cindy A. Huber</i>			Date <i>May 8, 2014</i>
Printed name of Authorized Officer <b>Cindy A. Huber</b>			
Title or position of Authorized Officer <b>Vice President Operations</b>			
Telephone number of Authorized Officer. ( 559)683-4611, ext.			
Study Area Code of Reporting Carrier	<b>542338</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

542339

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 <b>Siskiyou Telephone Company</b>			
Signature of Authorized Officer <i>James T. Lowers</i>			Date <b>05/14/2014</b>
Printed name of Authorized Officer <b>James T. Lowers</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(530) 467-6171</b> ext.			
Study Area Code of Reporting Carrier	<b>542339</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<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: <span style="color: blue;">VOLCANO TEL CO</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Earl Bishop</span>				Digitally signed by Earl Bishop DN:cn=Earl Bishop,email=earlb@volcanotel.com,O=volcano tel co,l=Pine Grove CA 95665, Date:5/15/2014	
Date: <span style="color: blue;">5/15/2014</span>					
Printed name of Authorized Officer: <span style="color: blue;">Earl Bishop</span>					
Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">209-296-1447</span>					
Study Area Code of Reporting Carrier	542343		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

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: **PINNACLES TEL CO**

Signature of Authorized Officer: **Steven Bryan**

Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles tel co, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Steven Bryan**

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

Telephone number of Authorized Officer: **831-389-4500**

Study Area Code of Reporting Carrier

**542346**

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

**6/16/2014**

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

Signature of Authorized Officer: **Steve Cowger**

Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -nv,l=Filer ID 83328, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Steve Cowger**

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

Telephone number of Authorized Officer: **208-326-4339**

Study Area Code of Reporting Carrier

**552220**

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

**6/16/2014**

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

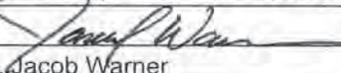
TO BE COMPLETED BY THE REPORTING CARRIER.

**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 <b>Rural Telephone Company - NV</b>			
Signature of Authorized Officer 			Date <b>05/19/2014</b>
Printed name of Authorized Officer <b>Michael J. Martell</b>			
Title or position of Authorized Officer <b>Vice-President</b>			
Telephone number of Authorized Officer: <b>(208) 366-2614</b> , ext. _____			
Study Area Code of Reporting Carrier	<b>552233</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 <b>Beehive Telephone Co., Inc., Nevada</b>			
Signature of Authorized Officer 			Date <b>05/19/2014</b>
Printed name of Authorized Officer <b>Jacob Warner</b>			
Title or position of Authorized Officer <b>President/General Manager</b>			
Telephone number of Authorized Officer: ( ) - , ext.			
Study Area Code of Reporting Carrier	<b>552284</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **CHURCHILL-CC COMM.**

Signature of Authorized Officer: **Mark Feest**

Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@corp.ccomm.net,O=churchill-cc comm.,l=Fallon NV 89407, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Mark Feest**

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

Telephone number of Authorized Officer: **775-423-7654**

Study Area Code of Reporting Carrier

**552349**

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

**6/16/2014**

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

Signature of Authorized Officer: **John Christian, III**

Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys,l=Pioche NV 89043, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **John Christian, III**

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

Telephone number of Authorized Officer: **775-962-5131**

Study Area Code of Reporting Carrier

**552351**

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

**6/16/2014**

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

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<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: <span style="color: blue;">MOAPA VALLEY TEL CO.</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Lyon</span>				Digitally signed by John Lyon DN:cn=John Lyon,email=john@mvtel.com,O=moapa valley tel co.,l=Overton NV 89040-0365, Date:5/14/2014	
Date: <span style="color: blue;">5/14/2014</span>					
Printed name of Authorized Officer: <span style="color: blue;">John Lyon</span>					
Title or position of Authorized Officer: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer: <span style="color: blue;">702-397-2225</span>					
Study Area Code of Reporting Carrier	552353		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

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: RIO VIRGIN TEL CO

Signature of Authorized Officer: **Brooke Wheeler**

Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin tel co,l=Estacada OR 97023, Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer: Brooke Wheeler

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 503-630-8952

Study Area Code of Reporting Carrier

552356

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

6/16/2014

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

Signature of Authorized Officer: **Justin Perez**

Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt tel co,l=Nampa ID 83653, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Justin Perez**

Title or position of Authorized Officer: **Controller / Corporate Secretary**

Telephone number of Authorized Officer: **208-461-7802**

Study Area Code of Reporting Carrier

**553304**

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

**6/16/2014**

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

Signature of Authorized Officer: **Andilea Weaver**

Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaku.net,O=adak tel utility,/= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Andilea Weaver**

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

Telephone number of Authorized Officer: **907-222-0844**

Study Area Code of Reporting Carrier

**610989**

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

**6/16/2014**

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

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<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: <b>ADAK TEL UTILITY</b>					
Signature of Authorized Officer: <b>Andilea Weaver</b>				<small>Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaku.net,O=adak tel utility,/= , Date:12/22/2014</small> Date: <b>12/22/2014</b>	
Printed name of Authorized Officer: <b>Andilea Weaver</b>					
Title or position of Authorized Officer: <b>Vice President/COO</b>					
Telephone number of Authorized Officer: <b>907-222-0844</b>					
Study Area Code of Reporting Carrier	<b>610989</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>1/16/2015</b>	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

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: ARCTIC SLOPE TEL

Signature of Authorized Officer: Clover McNeil

Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer: Clover McNeil

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 907-564-2680

Study Area Code of Reporting Carrier

613001

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

6/16/2014

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

Signature of Authorized Officer: **Michael Garrett**

Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=bettles tel co inc,l=Port Townsend WA 98368, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Michael Garrett**

Title or position of Authorized Officer: **COO - Executive VP**

Telephone number of Authorized Officer: **360-385-1733**

Study Area Code of Reporting Carrier

**613002**

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

**6/16/2014**

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

Signature of Authorized Officer: **Todd Hoppe**

Digitally signed by Todd Hoppe DN:cn=Todd Hoppe,email=manager@bristolbay.com,O=bristol bay tel coop,l=King Salmon AK 99613, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Todd Hoppe

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 907-246-3403

Study Area Code of Reporting Carrier

613003

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

6/16/2014

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

Signature of Authorized Officer: W. DeVore

Digitally signed by W. DeVore DN:cn=W. DeVore,email=doug.devore@mscon.com,O=bush-tel inc.,l=Aniak AK 99557-1009, Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer: W. DeVore

Title or position of Authorized Officer: VP/Assist. Gen. Mgr.

Telephone number of Authorized Officer: 907-675-4311

Study Area Code of Reporting Carrier

613004

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

6/16/2014

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

Signature of Authorized Officer: David Masephol

Digitally signed by David Masephol DN:cn=David Masephol,email=damasephol@gmail.com,O=circle tel & elec,l=Circle AK 99733, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer: David Masephol

Title or position of Authorized Officer: Member Owner

Telephone number of Authorized Officer: 907-773-5500

Study Area Code of Reporting Carrier

613005

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

6/16/2014

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

Signature of Authorized Officer: **Pamla Murphy**

Digitally signed by Pamla Murphy DN:cn=Pamla Murphy,email=pmurphy@cvtc.org,O=copper valley tel,l=Valdez AK 99686, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Pamla Murphy**

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

Telephone number of Authorized Officer: **907-835-2231**

Study Area Code of Reporting Carrier

**613006**

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

**6/16/2014**

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

613007

**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 <b>Cordova Telephone Telephone Cooperative, Inc.</b>			
Signature of Authorized Officer <i>Paul Kelly</i>			Date <b>05/15/2014</b>
Printed name of Authorized Officer <b>Paul Kelly</b>			
Title or position of Authorized Officer <b>General Manager/ CEO</b>			
Telephone number of Authorized Officer: <b>(907) 424-2345</b> ext.			
Study Area Code of Reporting Carrier	<b>613007</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **INTERIOR TEL CO INC**

Signature of Authorized Officer: **Brenda Shepard**

Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=bshepard@telalaska.com,O=interior tel co inc,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Brenda Shepard**

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

Telephone number of Authorized Officer: **907-563-2003**

Study Area Code of Reporting Carrier

**613011**

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

**6/16/2014**

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

Signature of Authorized Officer: **Dan Lindgren**

Digitally signed by Dan Lindgren DN:cn=Dan Lindgren,email=danl@city.ketchikan.ak.us,O=ketchikan public ut,l= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Dan Lindgren**

Title or position of Authorized Officer: **Assistant KPU Telecommunications Manager**

Telephone number of Authorized Officer: **907-228-5439**

Study Area Code of Reporting Carrier

**613013**

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

**6/16/2014**

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

613015

**TO BE COMPLETED BY THE REPORTING CARRIER,**

<p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></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>			
Name of Reporting Carrier <b>Matanuska Tel Assoc</b>			
Signature of Authorized Officer <i>Wanda Tankersley</i>			Date <b>05/19/2014</b>
Printed name of Authorized Officer <b>Wanda Tankersley</b>			
Title or position of Authorized Officer <b>Chief Financial Officer</b>			
Telephone number of Authorized Officer: <b>(907) 761-2654 ext.</b>			
Study Area Code of Reporting Carrier	<b>613015</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **MUKLUK TEL CO INC**

Signature of Authorized Officer: **Brenda Shepard**

Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=bshepard@telalaska.com,O=mukluk tel co inc,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Brenda Shepard**

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

Telephone number of Authorized Officer: **907-563-2003**

Study Area Code of Reporting Carrier

**613016**

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

**6/16/2014**

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

Signature of Authorized Officer: Michael Garrett

Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=alaska tel co,l=Port Townsend WA 98368, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Michael Garrett

Title or position of Authorized Officer: COO - Executive VP

Telephone number of Authorized Officer: 360-385-1733

Study Area Code of Reporting Carrier

613017

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

6/16/2014

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

Signature of Authorized Officer: **Michael Megli**

Digitally signed by Michael Megli DN:cn=Michael Megli,email=mmegli@nushagak.coop,O=nushagak elec & tel,l=Dillingham AK 99576, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Michael Megli**

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

Telephone number of Authorized Officer: **907-842-5251**

Study Area Code of Reporting Carrier

**613018**

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

**6/16/2014**

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

Signature of Authorized Officer: **Doug Neal**

Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz tel cooperative,l=Kotzebue AK 99752, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Doug Neal**

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

Telephone number of Authorized Officer: **907-442-1000**

Study Area Code of Reporting Carrier

**613019**

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

**6/16/2014**

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

Signature of Authorized Officer: Paula Eller

Digitally signed by Paula Eller DN:cn=Paula Eller,email=paula@yukontel.com,O=yukon tel co inc,l= , Date:5/14/1420

Date: 5/20/2014

Printed name of Authorized Officer: Paula Eller

Title or position of Authorized Officer: Secretary/Treasurer

Telephone number of Authorized Officer: 907-745-5363

Study Area Code of Reporting Carrier

613025

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

6/16/2014

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

Signature of Authorized Officer: **Michael Garrett**

Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=north country tel co,l=Port Townsend WA 98368, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Michael Garrett**

Title or position of Authorized Officer: **COO - Executive VP**

Telephone number of Authorized Officer: **360-385-1733**

Study Area Code of Reporting Carrier

**613026**

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

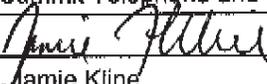
**6/16/2014**

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

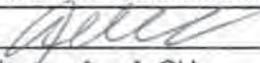
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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				The Summit Telephone and Telegraph Co. of Alaska				
Signature of Authorized Officer						Date		05/16/2014
Printed name of Authorized Officer			Jamie Kline					
Title or position of Authorized Officer			Secretary Treasurer					
Telephone number of Authorized Officer: (907) 389-1012 ext.								
Study Area Code of Reporting Carrier		613028	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014			
<p align="center">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>								

623021

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 <b>Sandwich Isles Communications, Inc.</b>			
Signature of Authorized Officer 			Date <b>5/9/14</b>
Printed name of Authorized Officer <b>Janeen-Ann A. Olds</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(808) 524-8400</b> ext.			
Study Area Code of Reporting Carrier	<b>623021</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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: **TELEGUAM HOLDINGS**

Signature of Authorized Officer: **John Brady**

Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,lf= , Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **John Brady**

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

Telephone number of Authorized Officer: **671-644-0013**

Study Area Code of Reporting Carrier

**663800**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				AMERICAN SAMOA TELECOMM. AUTHORITY			
Signature of Authorized Officer							
			Date			05/20/2014	
Printed name of Authorized Officer				BILL EMMSLEY			
Title or position of Authorized Officer				CEO			
Telephone number of Authorized Officer:				(684) 699-1121, ext.			
Study Area Code of Reporting Carrier		673900		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 See Attached List				
Signature of Authorized Officer <i>Michael T Skrivan</i>				Date 5/15/14
Printed name of Authorized Officer <del>Mike T. Skrivan</del> Michael T Skrivan				
Title or position of Authorized Officer VP, Regulatory				
Telephone number of Authorized Officer: (207) 535-4150 ext.				
Study Area Code of Reporting Carrier	see attached list		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

## FairPoint Company Listing

Study Area	Company Name
150073	Berkshire Telephone Company NY
462192	Big Sandy Telecom, Inc.
150078	Chautauqua & Erie Tel. Corp.
431981	Chouteau Telephone Company
462204	Columbine Telecom Company
300604	Columbus Grove Telephone Company
100015	Community Service Telephone Company
341009	C-R Telephone Company
341004	El Paso Telephone Company
522412	Ellensburg Telephone Company
421472	FairPoint Communications Missouri, Inc.
300618	Germantown Independent Tel. Co.
210291	GTC, Inc. FL Florala
210329	GTC, Inc. FL Perry
210339	GTC, Inc. FL St Joe
170185	Marianna-Scenery Hill Tel. Co.
341065	Odin Telephone Exchange, Inc.
300649	Orwell Telephone Company
190244	Peoples Mutual Telephone Company, Inc.
411835	Sunflower Telephone Co/Bluestem Telephone Co.
461835	Sunflower Telephone Company, Inc.
150084	Taconic Telephone Corp.
170145	The Bentleyville Telephone Company
522453	YCOM Networks, Inc.

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<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: <span style="color: blue;">C-R TEL CO</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Michael Skrivan</span>				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=c-r tel co,l= , Date:11/9/2014</small> Date: <span style="color: blue;">11/9/2014</span>	
Printed name of Authorized Officer: <span style="color: blue;">Michael Skrivan</span>					
Title or position of Authorized Officer: <span style="color: blue;">Vice-President Regulatory</span>					
Telephone number of Authorized Officer: <span style="color: blue;">207-535-4150</span>					
Study Area Code of Reporting Carrier	341009		Filing Due Date for this form (mm/dd/yyyy)	11/14/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<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: <span style="color: blue;">ODIN TEL EXCH INC</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Michael Skrivan</span>				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=odin tel exch inc,l= , Date:11/9/2014</small>	
Date: <span style="color: blue;">11/9/2014</span>					
Printed name of Authorized Officer: <span style="color: blue;">Michael Skrivan</span>					
Title or position of Authorized Officer: <span style="color: blue;">Vice-President Regulatory</span>					
Telephone number of Authorized Officer: <span style="color: blue;">207-535-4150</span>					
Study Area Code of Reporting Carrier	341065		Filing Due Date for this form (mm/dd/yyyy)	11/14/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<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: <span style="color: blue;">ORWELL TEL CO</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Michael Skrivan</span>				Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=orwell tel co,lc=, Date:12/19/2014	
Date: <span style="color: blue;">12/19/2014</span>					
Printed name of Authorized Officer: <span style="color: blue;">Michael Skrivan</span>					
Title or position of Authorized Officer: <span style="color: blue;">Vice-President Regulatory</span>					
Telephone number of Authorized Officer: <span style="color: blue;">207-535-4150</span>					
Study Area Code of Reporting Carrier	300649		Filing Due Date for this form (mm/dd/yyyy)	1/16/2015	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

**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		<b>See TDS Telecom ILEC Listing Below</b>	
Signature of Authorized Officer		<i>Kevin G. Hess</i>	Date 05/16/2014
Printed name of Authorized Officer		Kevin G. Hess	
Title or position of Authorized Officer		Executive Vice President	
Telephone number or Authorized Officer.		(608)664-4160 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

**See attachment 1 for listing of TDS Telecom**

ATTACHMENT 1

190217-Amelia Telephone Corp.	300585-Arcadia Telephone Co.
452171-Arizona Telephone Co.	532404-Asotin (OR) Telephone Co.
522404-Asotin (WA) Telephone Co.	230469-Barnardsville Telephone Co.
330849-Black Earth Telephone Co.	330851-Bonduel Telephone Co.
330856-Burlington, Brighton & Wheatland Telephone Co.	
250284-Butler Telephone Co., Inc.	280448-Calhoun City Telephone Co., Inc.
320744-Camden (IN)Telephone & Telegraph Co.	
310685-Chatham Telephone Co.	401698-Cleveland County Telephone Co.
100005-Cobboseecontee Telephone Co.	320776-Comm. Corp. of Indiana
310672-Comm. Corp. of Michigan	320809-Comm. Corp. of So. Indiana
300607-Continental Telephone Co.	401699-Decatur Telephone Co.
462184-Delta County Tele-Comm, Inc.	150089-Deposit Telephone Company, Inc.
330875-Dickeyville Telephone Co.	330914-Eastcoast Telecom, Inc.
150092-Edwards Telephone Co., Inc.	330880-Farmer's Telephone Co.
330930-Grantland Telecom, Inc.	100010-Hampden Telephone Co.
542321-Happy Valley Telephone Co.	100011-Hartland & St. Albans Tel. Co.
532377-Home (OR) Telephone Co.	320778-Home (Waldron) Telephone Co.
320777-Home Telephone of Pittsboro, Inc.	542322-Hornitos Telephone Co.
290566-Humphreys County Telephone Co.	310677-Island (MI) Telephone Co.
120045-Kearsarge Telephone Co.	361413-KMP
260411-Leslie County Telephone Co.	522427-Lewis River Telephone Co.
260412-Lewisport Telephone Co.	300613-Little Miami Comm. Corp.
140058-Ludlow Telephone Co.	170183-Mahanoy & Mahantango Tel. Co.
240533-McClellanville Telephone Co.	522430-McDaniel Telephone Co.
123321-MCTA, Inc. (Inc. Hollis Tel.)	320788-Merchants & Farmers
120047-Merrimack County Telephone	432010-Mid-America Telephone Co.
330909-Midway Telephone Co.	330915-Mosinee Telephone Co.
287449-Myrtle	193029-New Castle Telephone Co.
421928-New London Telephone Co.	140061-Northfield Telephone Co.
240535-Norway Telephone Co.	250311-Oakman Telephone Co., Inc.
300645-Oakwood Telephone Co.	421934-Orchard Farm Telephone Co.
150114-Oriskany Falls Telephone Corp.	250314-Peoples Telephone Co.
140062-Perkinsville Telephone Co., Inc.	150118-Port Byron Telephone Co.
472230-Potlatch Telephone Co.	330943-Riverside Telecom, Inc.
320816-S & W Telephone Co.	260417-Salem Telephone Co., Inc.
230498-Saluda Mountain Tel. Co.	330945-Scandinavia Telephone Co.
230500-Service Telephone Co., Inc.	310726-Shiawassee Telephone Co.
100024-Somerset Telephone Co.	283301-Southeast Miss. Tel. Co.
330952-Southeast Wisconsin Tel. Co.	452174-Southwestern Telephone Co.
240544-St. Stephen Telephone Co.	421951-Stoutland Telephone Co.
170206-Sugar Valley Telephone Co.	330958-Tenney Telephone Co.
100007-The Island (ME) Telephone Co.	330955-The State Long Distance Telephone Co.
320829-Tipton Telephone Company	150129-Township Telephone Co.
320830-Tri-County Telephone Co.	120049-Union Telephone Co.
300662-Vanlue Telephone Co.	150133-Vernon Telephone Co.
190253-Virginia Telephone Co.	100031-Warren Telephone Co.
330968-Waunakee Telephone Co.	100034-West Penobscot Tel. & Tele. Co.
320837-West Point Tel	240551-Williston Telephone Co.
120050-Wilton Telephone Company	361507-Winsted Telephone Co.
542323-Winterhaven Telephone Co.	310738-Wolverine Telephone Co.
432034-Wyandotte Telephone Co.	

**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		<b>See TDS Telecom ILEC Listing Below</b>		
Signature of Authorized Officer		<i>Kevin G. Hess</i>	Date 09/17/2014	
Printed name of Authorized Officer		Kevin G. Hess		
Title or position of Authorized Officer		Executive Vice President		
Telephone number or Authorized Officer.		(608)664-4160 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>	Filing Due Date for this form (mm/dd/yyyy)	September 2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

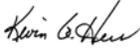
**See attachment 2 for listing of TDS Telecom**

**ATTACHMENT 2**

230469-Barnardsville Telephone Co.  
330849-Black Earth Telephone Co.  
330851-Bonduel Telephone Co.  
330856-Burlington, Brighton & Wheatland Telephone Co.  
250284-Butler Telephone Co., Inc.  
280448-Calhoun City Telephone Co., Inc.  
310685-Chatham Telephone Co.  
310672-Comm. Corp. of Michigan  
330914-Eastcoast Telecom, Inc.  
290566-Humphreys County Telephone Co.  
310677-Island (MI) Telephone Co.  
260411-Leslie County Telephone Co.  
260412-Lewisport Telephone Co.  
240533-McClellanville Telephone Co.  
330909-Midway Telephone Co.  
330915-Mosinee Telephone Co.  
287449-Myrtle  
240535-Norway Telephone Co.  
250311-Oakman Telephone Co., Inc.  
250314-Peoples Telephone Co.  
330943-Riverside Telecom, Inc.  
260417-Salem Telephone Co., Inc.  
230498-Saluda Mountain Tel. Co.  
330945-Scandinavia Telephone Co.  
230500-Service Telephone Co., Inc.  
310726-Shiawassee Telephone Co.  
330952-Southeast Wisconsin Tel. Co.  
240544-St. Stephen Telephone Co.  
330958-Tenney Telephone Co.  
330955-The State Long Distance Telephone Co.  
330968-Waunakee Telephone Co.  
240551-Williston Telephone Co.  
310738-Wolverine Telephone Co.

**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		<b>See TDS Telecom ILEC Listing Below</b>		
Signature of Authorized Officer			Date 11/05/2014	
Printed name of Authorized Officer		Kevin G. Hess		
Title or position of Authorized Officer		Executive Vice President		
Telephone number or Authorized Officer.		(608)664-4160 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>	Filing Due Date for this form (mm/dd/yyyy)	November 2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

250311-Oakman Telephone Co., Inc.