

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Daniel Greig</p>				<p><small>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</small></p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer or employee: Daniel Greig</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 208-452-3100</p>					
Study Area Code of Reporting Carrier	472221		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: Fremont Telcom					
Signature of Authorized Officer or employee: Theodore Otis				<small>Digitally signed by Theodore Otis DN:cn=Theodore Otis,email=totis@blackfoot.com,O=fremont telcom,lc= , Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer or employee: Theodore Otis					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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.					

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I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

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							
Study Area Code of Reporting Carrier				472222		Filing Due Date for this form (mm/dd/yyyy)		November 2014			
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>											

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<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: MIDVALE TEL EXCH INC</p>					
<p>Signature of Authorized Officer or employee: John Stuart</p>				<p>Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtcom.com,O=midvale tel exch inc,l=Midvale ID 83645, Date:5/19/2014</p>	
<p>Date: 5/19/2014</p>					
<p>Printed name of Authorized Officer or employee: John Stuart</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 208-355-2211</p>					
Study Area Code of Reporting Carrier	472226		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>					

RECEIVED 05/19/2014 15:00 12083745688

MUD LAKE TELEPHONE

Ron's Tire Factory

Fax: 1-208-663-4989

May 19 2014 03:35pm

P0017004

472227

800-551-1328

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per SL27(d)(vii).</p>			
Name of Reporting Carrier Mud Lake Telephone Cooperative Association, Inc.			
Signature of authorized officer <i>Justin Petersen</i>		Date	5/19/2014
Printed name of authorized officer Justin Petersen			
Title or position of authorized officer President			
Telephone number of authorized officer: (208) 374-5401			
Study Area Code of Reporting Carrier	472227	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: PROJECT MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Rick Harder</p>				<p><small>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel,= , Date:5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer or employee: Rick Harder</p>					
<p>Title or position of Authorized Officer or employee: CFO/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 208-434-7124</p>					
<p>Study Area Code of Reporting Carrier</p>	472231		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: DIRECT COMM-ROCKLAND					
Signature of Authorized Officer or employee: Leonard May				Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland, =Rockland ID 83271, Date:5/9/2014	
Date: 5/9/2014					
Printed name of Authorized Officer or employee: Leonard May					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 208-548-2345					
Study Area Code of Reporting Carrier	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 AN OFFICER OF THE REPORTING CARRIER

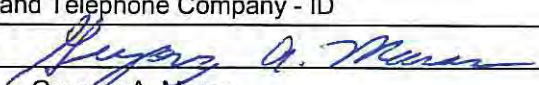
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier Rural Telephone Company-ID			
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	472233	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: SILVER STAR TEL- ID</p>					
<p>Signature of Authorized Officer or employee: Jefferson England</p>				<p>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</p>	
<p>Date: 5/12/2014</p>					
<p>Printed name of Authorized Officer or employee: Jefferson England</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 307-883-6675</p>					
<p>Study Area Code of Reporting Carrier</p>	472295		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

472423

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier Inland Telephone Company - ID			
Signature of authorized officer 		Date	May 20, 2014
Printed name of authorized officer Gregory A. Maras			
Title or position of authorized officer Secretary			
Telephone number of authorized officer: (509) 649-2211 ext.			
Study Area Code of Reporting Carrier	472423	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: BLACKFOOT TEL - BTC					
Signature of Authorized Officer or employee: Theodore Otis				<small>Digitally signed by Theodore Otis DN:cn=Theodore Otis,email=totis@blackfoot.com,O=blackfoot tel - btc,lc= , Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer or employee: Theodore Otis					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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.					

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Name of Reporting Carrier: HOT SPRINGS TEL CO					
Signature of Authorized Officer or employee: Kathe Johnson				<small>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</small> Date: 5/15/2014	
Printed name of Authorized Officer or employee: Kathe Johnson					
Title or position of Authorized Officer or employee: Treasurer					
Telephone number of Authorized Officer or employee: 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

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I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier InterBel Telephone Cooperative, Inc.			
Signature of authorized officer 		Date	05/12/14
Printed name of authorized officer Randy L Wilson			
Title or position of authorized officer CEO General Manager			
Telephone number of authorized officer: (406) 889-3311			
Study Area Code of Reporting Carrier	482242	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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<p>Name of Reporting Carrier: LINCOLN TEL CO INC</p>					
<p>Signature of Authorized Officer or employee: Ken Lumpkin</p>				<p><small>Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@lincotel.net,O=lincoln tel co inc,lc= , Date:5/15/2014</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer or employee: Ken Lumpkin</p>					
<p>Title or position of Authorized Officer or employee: General Manager / Secretary / Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 406-362-4216</p>					
Study Area Code of Reporting Carrier	4 2244		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>					

482246

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier Mid-Rivers Telephone Cooperative, Inc.			
Signature of authorized officer 		Date	05/14/2014
Printed name of authorized officer Alan Sevier			
Title or position of authorized officer President			
Telephone number of authorized officer: (406) 485-3301 ext.			
Study Area Code of Reporting Carrier	482246	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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Name of Reporting Carrier: NEMONT TEL COOP-MT					
Signature of Authorized Officer or employee: 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 or employee: Remi Sun					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 406-783-2358					
Study Area Code of Reporting Carrier	482247		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
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Name of Reporting Carrier: NORTHERN TEL COOP					
Signature of Authorized Officer or employee: Rick Neva				Digitally signed by Rick Neva DN:cn=Rick Neva,email=rneva@northermtel.net,O=northern tel coop,l=Sunburst MT 59482-0190, Date:5/20/2014	
Date: 5/20/2014					
Printed name of Authorized Officer or employee: Rick Neva					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 406-937-2114					
Study Area Code of Reporting Carrier	482248		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: PROJECT TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Remi Sun					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 406-783-2358					
Study Area Code of Reporting Carrier	482250		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Name of Reporting Carrier: RANGE TEL COOP-MT					
Signature of Authorized Officer or employee: Erick Steinman				Digitally signed by Eric= Steinman DN:cn, Eric= Steinman@mail, eric=k rangetel.coop@, range tel coop-mt@ @ate:5/14/1420	
				Date: 5/20/2014	
Printed name of Authorized Officer or employee: Erick Steinman					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 406-347-2226					
Study Area Code of Reporting Carrier	482251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Name of Reporting Carrier: SOUTHERN MONTANA TEL					
Signature of Authorized Officer or employee: 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 or employee: Larry Mason					
Title or position of Authorized Officer or employee: Vice President/General Manager					
Telephone number of Authorized Officer or employee: 406-689-3333					
Study Area Code of Reporting Carrier	482254		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Name of Reporting Carrier: 3-RIVERS TEL COOP					
Signature of Authorized Officer or employee: Bradley Veis				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	
Date: 5/19/2014					
Printed name of Authorized Officer or employee: Bradley Veis					
Title or position of Authorized Officer or employee: Director of Finance/CFO					
Telephone number of Authorized Officer or employee: 406-467-4405					
Study Area Code of Reporting Carrier	482255		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Name of Reporting Carrier: TRIANGLE TEL COOP					
Signature of Authorized Officer or employee: Richard Stevens				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: 5/14/2014	
Printed name of Authorized Officer or employee: Richard Stevens					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 406-394-2000					
Study Area Code of Reporting Carrier	482257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: 0BLACKFOOTBEAKO</p>					
<p>Signature of Authorized Officer or employee: Theodore Otis</p>				<p><small>Digitally signed by Theodore Otis DN:cn=Theodore Otis,email=totis@blackfoot.com,O=blackfoot tel - cft,l= , Date:5/14/2014</small></p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer or employee: Theodore F ri</p>					
<p>Title or position of Authorized Officer or employee: AKF</p>					
<p>Telephone number of Authorized Officer or employee: 435/ 118</p>					
Study Area Code of Reporting Carrier	482238		Filing Due Date for this form (mm/dd/yyyy)	5/14/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: CENTRAL MONTANA</p>					
<p>Signature of Authorized Officer or employee: Richard Stevens</p>				<p><small>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</small></p>	
<p>Date: 5/14/2014</p>					
<p>Printed name of Authorized Officer or employee: Richard Stevens</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 406-394-2000</p>					
<p>Study Area Code of Reporting Carrier</p>	483310		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: MESCALERO APACHE</p>					
<p>Signature of Authorized Officer or employee: Godfrey Enjady</p>				<p>Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache,l=Mescalero NM 88340, Date:5/20/2014</p>	
<p>Date: 5/20/2014</p>					
<p>Printed name of Authorized Officer or employee: Godfrey Enjady</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 505-795-5555</p>					
Study Area Code of Reporting Carrier	491231		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: DELL TEL CO-OP - NM</p>					
<p>Signature of Authorized Officer or employee: Marcy Guillen</p>				<p><small>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delcity.com,O=del tel co-op - nm,l= , Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer or employee: Marcy Guillen</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 915-964-2352</p>					
<p>Study Area Code of Reporting Carrier</p>	492066		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: VALLEY TEL COOP - NM					
Signature of Authorized Officer or employee: Steven Metts				<small>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</small> Date: 5/15/2014	
Printed name of Authorized Officer or employee: Steven Metts					
Title or position of Authorized Officer or employee: CEO / General Manager					
Telephone number of Authorized Officer or employee: 520-384-2231					
Study Area Code of Reporting Carrier	492176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: BACA VALLEY TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Peggy Briesh					
Title or position of Authorized Officer or employee: Assistant Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
Name of Reporting Carrier ENMR Telephone Cooperative NM				
Signature of authorized officer 			Date	3-19-2014
Printed name of authorized officer David J. Robinson				
Title or position of authorized officer Chief Financial Officer				
Telephone number of authorized officer: (575) 389-5100 ext.				
Study Area Code of Reporting Carrier	492262		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
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				
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier La Jicarita Rural Telephone Cooperative, Inc.			
Signature of authorized officer 		Date	5-19-14
Printed name of authorized officer Danny Gray			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (575) 387-2216			
Study Area Code of Reporting Carrier	492263	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: LEACO RURAL TEL COOP					
Signature of Authorized Officer or employee: Dale Snider				<small>Digitally signed by Dale Snider DN:cn=Dale Snider,email=dsnider@leaco.org,O=leaco rural tel coop,l= , Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer or employee: Dale Snider					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: Tularosa Basin Tel.					
Signature of Authorized Officer or employee: Joshua Beug				Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbt.net,O=tularosa basin tel.,l= , Date:5/9/2014	
				Date: 5/9/2014	
Printed name of Authorized Officer or employee: Joshua Beug					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 575-585-0125					
Study Area Code of Reporting Carrier	492265		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: WESTERN NEW MEXICO</p>					
<p>Signature of Authorized Officer or employee: John Francis</p>				<p><small>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</small></p> <p>Date: 5/20/2014</p>	
<p>Printed name of Authorized Officer or employee: John Francis</p>					
<p>Title or position of Authorized Officer or employee: Exec. Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 575-535-2230</p>					
Study Area Code of Reporting Carrier	492268		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: PENASCO VALLEY TEL					
Signature of Authorized Officer or employee: Kevin Bartley				<small>Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel,l= , Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer or employee: Kevin Bartley					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ROOSEVELT CNTY RURAL					
Signature of Authorized Officer or employee: Cecile Archibeque				<small>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</small> Date: 5/13/2014	
Printed name of Authorized Officer or employee: Cecile Archibeque					
Title or position of Authorized Officer or employee: General Manager/EO					
Telephone number of Authorized Officer or employee: 575-226-2255					
Study Area Code of Reporting Carrier	492272		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: SACRED WIND					
Signature of Authorized Officer or employee: John Badal				<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: 5/12/2014	
Printed name of Authorized Officer or employee: John Badal					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 505-821-5080					
Study Area Code of Reporting Carrier	493403		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: DIRECTCOMM-CEDAR VAL</p>					
<p>Signature of Authorized Officer or employee: Kip Wilson</p>				<p><small>Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=directcomm-cedar val,l=Rockland ID 83271, Date:5/9/2014</small></p>	
<p>Date: 5/9/2014</p>					
<p>Printed name of Authorized Officer or employee: Kip Wilson</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 208-548-2345</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>500758</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: CENTRAL UTAH TEL INC					
Signature of Authorized Officer or employee: Mike Plows				Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc,lc=, Date:5/19/2014	
Date: 5/19/2014					
Printed name of Authorized Officer or employee: Mike Plows					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: GUNNISON TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Natalie Gleave					
Title or position of Authorized Officer or employee: Controller/Director					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: MANTI TEL CO</p>					
<p style="text-align: center;">Dallas Cox</p>				<small>Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti tel co,lc= , Date: 5/20/2014</small>	
<p>Signature of Authorized Officer or employee:</p>				<p>Date: 5/20/2014</p>	
<p>Printed name of Authorized Officer or employee: Dallas Cox</p>					
<p>Title or position of Authorized Officer or employee: Vice President and General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 435-835-3391</p>					
Study Area Code of Reporting Carrier	502282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: SKYLINE TELECOM</p>					
<p>Signature of Authorized Officer or employee: Mike Plows</p>				<p><small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,lc= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer or employee: Mike Plows</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 425-275-1013</p>					
Study Area Code of Reporting Carrier	502283		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: BEEHIVE TEL CO - UT					
Signature of Authorized Officer or employee: 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 or employee: Jacob Warner					
Title or position of Authorized Officer or employee: President/General Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				South Central Utah Telephone Assn, Inc.			
Signature of authorized officer			<i>Michael R. East</i>		Date		05/20/2014
Printed name of authorized officer			Michael R. East				
Title or position of authorized officer			CEO				
Telephone number of authorized officer:			(435) 826-4211				
Study Area Code of Reporting Carrier		502286		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: UBTA-UBET/STRATA</p>					
<p>Signature of Authorized Officer or employee: Karl Searle</p>				<p>Digitally signed by Karl Searle DN:cn=Karl Searle,email=ksearle@stratanetworks.com,O=ubta-ubet/strata,I=Roosevelt UT 84066, Date:5/19/2014</p>	
<p>Date: 5/19/2014</p>					
<p>Printed name of Authorized Officer or employee: Karl Searle</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 435-622-5472</p>					
Study Area Code of Reporting Carrier	502287		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: ALL WEST COMM-UT</p>					
<p>Signature of Authorized Officer or employee: Jenny Prescott</p>				<p><small>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</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer or employee: Jenny Prescott</p>					
<p>Title or position of Authorized Officer or employee: VP Customer Service & Finance</p>					
<p>Telephone number of Authorized Officer or employee: 435-783-4913</p>					
Study Area Code of Reporting Carrier	502288		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: BEAR LAKE COMM</p>					
<p>Signature of Authorized Officer or employee: Mike Plows</p>				<p><small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake comm,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer or employee: Mike Plows</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 425-275-1013</p>					
Study Area Code of Reporting Carrier	503032		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: RANGE TEL COOP - WY</p>					
<p>Signature of Authorized Officer or employee: Erick Steinman</p>				<p><small>Digitally signed by Erick Steinman DN:cn=Erick Steinman,email=erick@rangetel.coop,O=range tel coop - wy,l= , Date:5/20/2014</small></p>	
<p>Date: 5/20/2014</p>					
<p>Printed name of Authorized Officer or employee: Erick Steinman</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 406-347-2226</p>					
<p>Study Area Code of Reporting Carrier</p>	512251		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: CHUGWATER TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Greg Cashner					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: ALL WEST COMM.-WY</p>					
<p>Signature of Authorized Officer or employee: Jenny Prescott</p>				<p><small>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</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer or employee: Jenny Prescott</p>					
<p>Title or position of Authorized Officer or employee: VP Customer Service & Finance</p>					
<p>Telephone number of Authorized Officer or employee: 435-783-4913</p>					
<p>Study Area Code of Reporting Carrier</p>	512290		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

512291

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier **Dubois Telephone Exchange, Inc.**

Signature of authorized officer

Date

5/13/14Printed name of authorized officer **Michael J. Kenney**Title or position of authorized officer **Vice President/General Manager**Telephone number of authorized officer: **(307) 455-2341**, ext.

Study Area Code of Reporting Carrier

512291Filing Due Date for this form
(mm/dd/yyyy)**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: SILVER STAR TEL-WY</p>					
<p>Signature of Authorized Officer or employee: Jefferson England</p>				<p>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</p>	
<p>Date: 5/12/2014</p>					
<p>Printed name of Authorized Officer or employee: Jefferson England</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 307-883-6675</p>					
Study Area Code of Reporting Carrier	512295		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: WESTGATE dba WEAVTEL</p>					
<p>Signature of Authorized Officer or employee: Richard Weaver</p>				<small>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</small> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer or employee: Richard Weaver</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 509-682-5556</p>					
Study Area Code of Reporting Carrier	520580		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: SKYLINE TELECOM CO.					
Signature of Authorized Officer or employee: 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 or employee: Delinda Kluser					
Title or position of Authorized Officer or employee: Vice President, Manager					
Telephone number of Authorized Officer or employee: 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.					

522417

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
Name of Reporting Carrier Hat Island Telephone Company				
Signature of authorized officer 			Date	05/16/2014
Printed name of authorized officer Bruce Russell				
Title or position of authorized officer Chief Operating Officer				
Telephone number of authorized officer: (360) 321-0086				
Study Area Code of Reporting Carrier	522417	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

522418

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

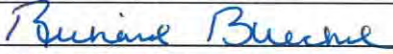
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier: Pend Oreille Telephone Company			
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.			

522419

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

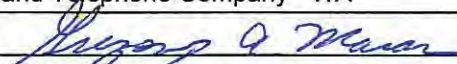
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Hood Canal Telephone Co., Inc.	
Signature of authorized officer					Date
Printed name of authorized officer			Richard Buechel		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(360) 898-2481		
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 AN OFFICER OF THE REPORTING CARRIER

<p>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</p> <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).</p>			
Name of Reporting Carrier Inland Telephone Company - WA			
Signature of authorized officer 		Date	May 20, 2014
Printed name of authorized officer Gregory A. Maras			
Title or position of authorized officer Secretary			
Telephone number of authorized officer: (509) 649-2211 , ext.			
Study Area Code of Reporting Carrier	522423	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).</p>				
Name of Reporting Carrier <u>Inland Telephone Company</u>				
Signature of authorized officer 			Date <u>10/22/2014</u>	
Printed name of authorized officer <u>James K. Brooks</u>				
Title or position of authorized officer <u>Treasurer/Controller</u>				
Telephone number of authorized officer: <u>(509) 649-2211</u>				
Study Area Code of Reporting Carrier <u>522423</u>		Filing Due Date for this form (mm/dd/yyyy) <u>November 2014</u>		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: KALAMA TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Rick Vitzthum					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Mashell Telecom, Inc.				
Signature of authorized officer			Date	5/19/2014
Printed name of authorized officer Brian Haynes				
Title or position of authorized officer President/CEO				
Telephone number of authorized officer: (360) 832-4130				
Study Area Code of Reporting Carrier	522431		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

522437

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Pioneer Telephone Company			
Signature of authorized officer 		Date	5/8/2014
Printed name of authorized officer Dallas Filan			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (509) 549-3511			
Study Area Code of Reporting Carrier	522437	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: ST JOHN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Gregory Morasch</p>				<p><small>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</small></p> <p>Date: 5/7/2014</p>	
<p>Printed name of Authorized Officer or employee: Gregory Morasch</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 509-648-3322</p>					
Study Area Code of Reporting Carrier	522442		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: TENINO TELEPHONE CO					
Signature of Authorized Officer or employee: 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 or employee: Rick Vitzthum					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER


Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: TOLEDO TELEPHONE CO</p>					
<p>Signature of Authorized Officer or employee: Philip Cappalonga</p>				<p><small>Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co,l= , Date:5/15/2014</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer or employee: Philip Cappalonga</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 360-864-2004</p>					
Study Area Code of Reporting Carrier	522447		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>					

522451

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				WESTERN WAHIAKUM COUNTY TELEPHONE COMPANY	
Signature of authorized officer				Date	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.					

522452

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).</p>			
Name of Reporting Carrier Whidbey Telephone Company			
Signature of authorized officer 		Date	05/16/2014
Printed name of authorized officer Bruce Russell			
Title or position of authorized officer Chief Operating Officer			
Telephone number of authorized officer: (360) 321-0086			
Study Area Code of Reporting Carrier	522452	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: BEAVER CREEK COOP</p>					
<p>Signature of Authorized Officer or employee: Paul Hauer</p>				<p>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@bctelco.com,O=beaver creek coop,l=Oregon City OR 97045, Date:5/15/2014</p>	
<p>Date: 5/15/2014</p>					
<p>Printed name of Authorized Officer or employee: Paul Hauer</p>					
<p>Title or position of Authorized Officer or employee: CEO/President</p>					
<p>Telephone number of Authorized Officer or employee: 503-632-6314</p>					
<p>Study Area Code of Reporting Carrier</p>	532359		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: CANBY TEL ASSN					
Signature of Authorized Officer or employee: 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 or employee: Paul Hauer					
Title or position of Authorized Officer or employee: CEO/President					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: CLEAR CREEK MUTUAL					
Signature of Authorized Officer or employee: Mitchell Moore				Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual, Date:5/7/2014	
Date: 5/7/2014					
Printed name of Authorized Officer or employee: Mitchell Moore					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: COLTON TEL CO					
Signature of Authorized Officer or employee: Steve Krogue				Digitally signed by Steve Krogue DN:cn=Steve Krogue,email=steve@coltontel.com,O=colton tel co,l=Colton OR 97017-0068, Date:5/7/2014	
				Date: 5/7/2014	
Printed name of Authorized Officer or employee: Steve Krogue					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: EAGLE TEL SYSTEMS</p>					
<p>Signature of Authorized Officer or employee: Mike Lattin</p>				<p><small>Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle tel systems,l=Richland OR 97870, Date:5/15/2014</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer or employee: Mike Lattin</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 541-893-6111</p>					
Study Area Code of Reporting Carrier	532369		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: CASCADE UTIL INC					
Signature of Authorized Officer or employee: 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 or employee: Brooke Wheeler					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Gervais Telephone Company

Signature of authorized officer



Date

May 15, 2014

Printed name of authorized officer John Hoffmann

Title or position of authorized officer President/CEO

Telephone number of authorized officer: (503) 792-3611 ext.

Study Area Code of Reporting Carrier

532373

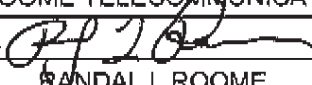
Filing Due Date for this form
(mm/dd/yyyy)

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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier ROOME TELECOMMUNICATIONS INC			
Signature of authorized officer 		Date	5-1-14
Printed name of authorized officer RANDAL L ROOME			
Title or position of authorized officer PRESIDENT			
Telephone number of authorized officer: (541) 369-2211			
Study Area Code of Reporting Carrier	532375	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: HELIX TEL CO.</p>					
<p>Signature of Authorized Officer or employee: James Smith</p>				<p><small>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</small></p> <p>Date: 5/9/2014</p>	
<p>Printed name of Authorized Officer or employee: James Smith</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 541-457-2385</p>					
Study Area Code of Reporting Carrier	532376		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER


Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: TRANS-CASCADES TEL					
Signature of Authorized Officer or employee: Brooke Wheeler				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: 5/20/2014					
Printed name of Authorized Officer or employee: Brooke Wheeler					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 503-630-8952					
Study Area Code of Reporting Carrier	532378		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

532383

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Molalla Communications			
Signature of authorized officer 		Date	5-19-14
Printed name of authorized officer Steve Loutzenhiser			
Title or position of authorized officer President/CEO			
Telephone number of authorized officer: (503) 829-1123			
Study Area Code of Reporting Carrier	53283	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: MONITOR COOP TEL					
Signature of Authorized Officer or employee: Geri Fraijo				Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor coop tel,l= , Date:5/14/2014	
Date: 5/14/2014					
Printed name of Authorized Officer or employee: Geri Fraijo					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: MONROE TELEPHONE CO.					
Signature of Authorized Officer or employee: 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 or employee: Donna Dillard					
Title or position of Authorized Officer or employee: Secretary - Treasurer					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: MT. ANGEL TEL CO.					
Signature of Authorized Officer or employee: 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 or employee: Paul Hauer					
Title or position of Authorized Officer or employee: CEO/President					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
Name of Reporting Carrier Nehalem Telecommunications Inc.				
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				
Study Area Code of Reporting Carrier	532387	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: NORTH STATE TEL CO.					
Signature of Authorized Officer or employee: 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 or employee: Delinda Kluser					
Title or position of Authorized Officer or employee: Vice President, Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: OREGON TEL CORP					
Signature of Authorized Officer or employee: Delinda Kluser				Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp,l=Mt. Vernon OR 97865-0609, Date:5/15/2014	
				Date: 5/15/2014	
Printed name of Authorized Officer or employee: Delinda Kluser					
Title or position of Authorized Officer or employee: Vice President, Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: OREGON-IDAHO UTIL.					
Signature of Authorized Officer or employee: 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 or employee: Justin Perez					
Title or position of Authorized Officer or employee: Controller / Corporate Secretary					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: PEOPLES TEL CO. - OR</p>					
<p>Signature of Authorized Officer or employee: Don Lawrence</p>				<p><small>Digitally signed by Don Lawrence DN:cn=Don Lawrence,email=donl@sctcweb.com,O=peoples tel co. - or,I=Stayton OR 97383, Date:5/20/2014</small></p> <p>Date: 5/20/2014</p>	
<p>Printed name of Authorized Officer or employee: Don Lawrence</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 503-769-9057</p>					
Study Area Code of Reporting Carrier	532391		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: PINE TEL SYSTEM INC.					
Signature of Authorized Officer or employee: 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 or employee: Ron Milford					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: PIONEER TEL COOP					
Signature of Authorized Officer or employee: Michael Whalen				Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneer.net,O=pioneer tel coop,l=Philomath OR 97370-0631, Date:5/8/2014	
Date: 5/8/2014					
Printed name of Authorized Officer or employee: Michael Whalen					
Title or position of Authorized Officer or employee: Assistant Treasurer					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ST PAUL COOP ASSN					
Signature of Authorized Officer or employee: Nick Schneider				Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st paul coop assn,l=St. Paul OR 97137, Date:5/16/2014	
				Date: 5/16/2014	
Printed name of Authorized Officer or employee: Nick Schneider					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: SCIO MUTUAL TEL ASSN</p>					
<p>Signature of Authorized Officer or employee: Thomas Barth</p>				<p>Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tbarth@smt-net.com,O=scio mutual tel assn, Date:5/7/2014</p>	
<p>Date: 5/7/2014</p>					
<p>Printed name of Authorized Officer or employee: Thomas Barth</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 503-394-3366</p>					
Study Area Code of Reporting Carrier	532397		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER


Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: STAYTON COOP TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Don Lawrence					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: OREGON TEL CORP-MTE					
Signature of Authorized Officer or employee: Delinda Kluser				Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte,j=Mt. Vernon OR 97865-0609, Date:5/15/2014	
				Date: 5/15/2014	
Printed name of Authorized Officer or employee: Delinda Kluser					
Title or position of Authorized Officer or employee: Vice President, Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).</p>				
Name of Reporting Carrier Calaveras Telephone Company				
Signature of authorized officer 			Date 5/20/2014	
Printed name of authorized officer Louis Cherniss				
Title or position of authorized officer Chief Financial Officer				
Telephone number of authorized officer: (209) 785-2211 ext.				
Study Area Code of Reporting Carrier 542301		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>				

542311

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).


Name of Reporting Carrier				CAL-ORE TELEPHONE CO	
Signature of authorized officer			Date		05/16/14
Printed name of authorized officer			WAIHUN YEE		
Title or position of authorized officer			CFO		
Telephone number of authorized officer:			(530) 397-2211 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. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: DUCOR TELEPHONE CO					
Signature of Authorized Officer or employee: 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 or employee: Eric Wolfe					
Title or position of Authorized Officer or employee: Executive Vice President					
Telephone number of Authorized Officer or employee: 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.					

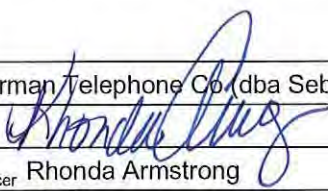
542318

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
Name of Reporting Carrier Foresthill Telephone Co (dba Sebastian)				
Signature of authorized officer 				Date 5/16/14
Printed name of authorized officer Rhonda Armstrong				
Title or position of authorized officer Vice President				
Telephone number of authorized officer: (530) 367-7780 ext.				
Study Area Code of Reporting Carrier 542318		Filing Due Date for this form (mm/dd/yyyy) 6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

542324

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).</p>				
Name of Reporting Carrier Kerman Telephone Co. (dba Sebastian)				
Signature of authorized officer 			Date	5/16/14
Printed name of authorized officer Rhonda Armstrong				
Title or position of authorized officer Vice President				
Telephone number of authorized officer: (559) 846-7861 ext.				
Study Area Code of Reporting Carrier	542324		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: THE PONDEROSA TEL CO					
Signature of Authorized Officer or employee: Kristann Mattes				<small>Digitally signed by Kristann Mattes DN:cn=Kristann Mattes,email=kristism@ponderosatel.com,O=the ponderosa tel co,l=O'Neals CA 93645, Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer or employee: Kristann Mattes					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier: Sierra Telephone Company, Inc.			
Signature of authorized officer: <i>Cindy A. Huber</i>		Date: <i>May 8, 2014</i>	
Printed name of authorized officer: Cindy A. Huber			
Title or position of authorized officer: Vice President Operations			
Telephone number of authorized officer: (559) 683-4611 , ext.			
Study Area Code of Reporting Carrier	542338	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

542339

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier Siskiyou Telephone Company			
Signature of authorized officer <i>James T. Lowers</i>		Date	05/14/2014
Printed name of authorized officer James T. Lowers			
Title or position of authorized officer President			
Telephone number of authorized officer: (530) 467-6171 ext.			
Study Area Code of Reporting Carrier	542339	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: VOLCANO TEL CO					
Signature of Authorized Officer or employee: Earl Bishop				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: 5/15/2014					
Printed name of Authorized Officer or employee: Earl Bishop					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 209-296-1447					
Study Area Code of Reporting Carrier	542343		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

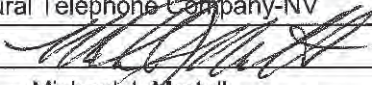
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: PINNACLES TEL CO</p>					
<p>Signature of Authorized Officer or employee: Steven Bryan</p>				<p><small>Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles tel co,l= , Date:5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer or employee: Steven Bryan</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 831-389-4500</p>					
Study Area Code of Reporting Carrier	542346		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: FILER MUTUAL TEL -NV</p>					
<p>Signature of Authorized Officer or employee: Steve Cowger</p>				<p>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</p>	
				<p>Date: 5/9/2014</p>	
<p>Printed name of Authorized Officer or employee: Steve Cowger</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 208-326-4339</p>					
Study Area Code of Reporting Carrier	552220		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>					

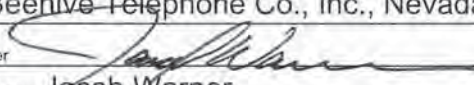
552233

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).</p>			
Name of Reporting Carrier Rural Telephone Company-NV			
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			
Study Area Code of Reporting Carrier	552233	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>			

552284

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier Beehive Telephone Co., Inc., Nevada			
Signature of authorized officer 		Date	05/19/2014
Printed name of authorized officer Jacob Warner			
Title or position of authorized officer President/General Manager			
Telephone number of authorized officer: () - , ext.			
Study Area Code of Reporting Carrier	552284	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: CHURCHILL-CC COMM.					
Signature of Authorized Officer or employee: 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 or employee: Mark Feest					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: LINCOLN CTY TEL SYS</p>					
<p>Signature of Authorized Officer or employee: John Christian, III</p>				<p><small>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys,l=Plöche NV 89043, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p>	
<p>Printed name of Authorized Officer or employee: John Christian, III</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 775-962-5131</p>					
<p>Study Area Code of Reporting Carrier</p>	552351		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: MOAPA VALLEY TEL CO.</p>					
<p>Signature of Authorized Officer or employee: John Lyon</p>				<p><small>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</small></p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer or employee: John Lyon</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 702-397-2225</p>					
Study Area Code of Reporting Carrier	552353		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: RIO VIRGIN TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Brooke Wheeler					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: HUMBOLDT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Justin Perez</p>				<p><small>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</small></p> <p>Date: 5/8/2014</p>	
<p>Printed name of Authorized Officer or employee: Justin Perez</p>					
<p>Title or position of Authorized Officer or employee: Controller / Corporate Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 208-461-7802</p>					
Study Area Code of Reporting Carrier	553304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ADAX TEL UTILITY					
Signature of Authorized Officer or employee: Andilea Weaver				Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adax tel utility,l= , Date:5/15/2014	
Date: 5/15/2014					
Printed name of Authorized Officer or employee: Andilea Weaver					
Title or position of Authorized Officer or employee: Vice President/COO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ADAK TEL UTILITY					
Signature of Authorized Officer or employee: Andilea Weaver				Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak tel utility,l= , Date:12/22/2014	
Date: 12/22/2014					
Printed name of Authorized Officer or employee: Andilea Weaver					
Title or position of Authorized Officer or employee: Vice President/COO					
Telephone number of Authorized Officer or employee: 907-222-0844					
Study Area Code of Reporting Carrier	610989		Filing Due Date for this form (mm/dd/yyyy)	1/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ARCTIC SLOPE TEL					
Signature of Authorized Officer or employee: Clover McNeil				<small>Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel,l= , Date:5/7/2014</small> Date: 5/7/2014	
Printed name of Authorized Officer or employee: Clover McNeil					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: BETTLES TEL CO INC					
Signature of Authorized Officer or employee: 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 or employee: Michael Garrett					
Title or position of Authorized Officer or employee: COO - Executive VP					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: BRISTOL BAY TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Todd Hoppe</p>				<p><small>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</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer or employee: Todd Hoppe</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 907-246-3403</p>					
Study Area Code of Reporting Carrier	613003		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: BUSH-TEL INC.</p>					
<p>Signature of Authorized Officer or employee: W. DeVore</p>				<p><small>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</small></p>	
<p>Date: 5/20/2014</p>					
<p>Printed name of Authorized Officer or employee: W. DeVore</p>					
<p>Title or position of Authorized Officer or employee: VP/Assist. Gen. Mgr.</p>					
<p>Telephone number of Authorized Officer or employee: 907-675-4311</p>					
<p>Study Area Code of Reporting Carrier</p>	613004		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: CIRCLE TEL & ELEC</p>					
<p>Signature of Authorized Officer or employee: David Masephol</p>				<p><small>Digitally signed by David Masephol DN: cn=David Masephol, email=damasephol@gmail.com, O=Circle tel & elec, I=Circle AK 99733, Date: 5/7/2014</small></p> <p>Date: 5/7/2014</p>	
<p>Printed name of Authorized Officer or employee: David Masephol</p>					
<p>Title or position of Authorized Officer or employee: Member Owner</p>					
<p>Telephone number of Authorized Officer or employee: 907-773-5500</p>					
Study Area Code of Reporting Carrier	613005		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: COPPER VALLEY TEL					
Signature of Authorized Officer or employee: 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 or employee: Pamla Murphy					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier Cordova Telephone Cooperative, Inc.			
Signature of authorized officer <i>Paul Kelly</i>		Date	05/15/2014
Printed name of authorized officer Paul Kelly			
Title or position of authorized officer General Manager/ CEO			
Telephone number of authorized officer: (904) 424-2345			
Study Area Code of Reporting Carrier	613007	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: INTERIOR TEL CO INC					
Signature of Authorized Officer or employee: 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 or employee: Brenda Shepard					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: KETCHIKAN PUBLIC UT</p>					
<p>Signature of Authorized Officer or employee: Dan Lindgren</p>				<p><small>Digitally signed by Dan Lindgren DN:cn=Dan Lindgren,email=danl@city.ketchikan.ak.us,O=ketchikan public ut, Date: 5/15/2014</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer or employee: Dan Lindgren</p>					
<p>Title or position of Authorized Officer or employee: Assistant KPU Telecommunications Manager</p>					
<p>Telephone number of Authorized Officer or employee: 907-228-5439</p>					
Study Area Code of Reporting Carrier	613013		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>					

613015

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier Matanuska Tel Assoc			
Signature of authorized officer <i>Wanda Tankersley</i>		Date	05/19/2014
Printed name of authorized officer Wanda Tankersley			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer (907) 761-2654			
Study Area Code of Reporting Carrier	613015	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or tortolture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: MUKLUK TEL CO INC</p>					
<p>Signature of Authorized Officer or employee: Brenda Shepard</p>				<p><small>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=bshepard@telalaska.com,O=mukluk tel co inc,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer or employee: Brenda Shepard</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 907-563-2003</p>					
Study Area Code of Reporting Carrier	613016		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ALASKA TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Michael Garrett					
Title or position of Authorized Officer or employee: COO - Executive VP					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: NUSHAGAK ELEC & TEL					
Signature of Authorized Officer or employee: 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 or employee: Michael Megli					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: OTZ TEL COOPERATIVE					
Signature of Authorized Officer or employee: 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 or employee: Doug Neal					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: YUKON TEL CO INC					
Signature of Authorized Officer or employee: 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 or employee: Paula Eller					
Title or position of Authorized Officer or employee: Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: NORTH COUNTRY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Michael Garrett</p>				<p>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</p>	
<p>Date: 5/12/2014</p>					
<p>Printed name of Authorized Officer or employee: Michael Garrett</p>					
<p>Title or position of Authorized Officer or employee: COO - Executive VP</p>					
<p>Telephone number of Authorized Officer or employee: 360-385-1733</p>					
Study Area Code of Reporting Carrier	613026		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>					

613028

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				The Summit Telephone & Telegraph Company of Alaska	
Signature of authorized officer			Date		05/16/14
Printed name of authorized officer			Jamie Kline		
Title or position of authorized officer			Secretary/Treasurer		
Telephone number of authorized officer:			(907) 389-1012		
Study Area Code of Reporting Carrier		613028	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

623021

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier Sandwich Isles Communications, Inc.			
Signature of authorized officer 		Date	5/9/14
Printed name of authorized officer Janeen-Ann A. Olds			
Title or position of authorized officer President			
Telephone number of authorized officer: (808) 524-8400			
Study Area Code of Reporting Carrier	623021	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

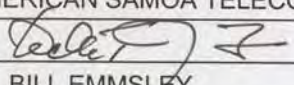
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: TELEGUAM HOLDINGS					
Signature of Authorized Officer or employee: John Brady				<small>Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,lc= , Date:5/7/2014</small> Date: 5/7/2014	
Printed name of Authorized Officer or employee: John Brady					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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.					

673900

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

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.					

Fairpoint

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
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 Mike T. Skrivan <i>Michael T Skrivan</i>				
Title or position of authorized officer Vice President, Regulatory				
Telephone number of authorized officer: (207) 535-4150				
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: C-R TEL CO</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p><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></p>	
<p>Date: 11/9/2014</p>					
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
<p>Study Area Code of Reporting Carrier</p>	341009		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	11/14/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ODIN TEL EXCH INC					
Signature of Authorized Officer or employee: Michael Skrivan				Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=odin tel exch inc, Date:11/9/2014	
				Date: 11/9/2014	
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	341065		Filing Due Date for this form (mm/dd/yyyy)	11/14/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ORWELL TEL CO					
Signature of Authorized Officer or employee: Michael Skrivan				Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=orwell tel co,lc= , Date:12/19/2014	
Date: 12/19/2014					
Printed name of Authorized Officer or employee: Michael Skrivan					
Title or position of Authorized Officer or employee: Vice-President Regulatory					
Telephone number of Authorized Officer or employee: 207-535-4150					
Study Area Code of Reporting Carrier	300649		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.					

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer

Kevin G. Hess

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

**See TDS
TELECOM
ILEC Listing
Below**

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

06/16/2014

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See attachment 1 for listing of TDS Telecom

ATTACHMENT 1

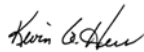
190217-Amelia Telephone Corp.	300585-Arcadia Telephone Co.
452171-Arizona Telephone Co.	532404-Asotin (OR) Telephone Co.
522404-Asotin (WA) Telephone Co.	230469-Barnardsville Telephone Co.
330849-Black Earth Telephone Co.	330851-Bonduel Telephone Co.
330856-Burlington, Brighton & Wheatland Telephone 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 for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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Name of Reporting Carrier **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



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

**See TDS
TELECOM
ILEC Listing
Below**

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 for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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Name of Reporting Carrier **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer

Kevin G. Hess

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

**See TDS
TELECOM
ILEC Listing
Below**

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

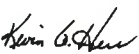
November
2014

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250311-Oakman Telephone Co., Inc.

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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Name of Reporting Carrier		See TDS Telecom ILEC Listing Below	
Signature of Authorized Officer		Date 5/1/2015	
			
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	See TDS TELECOM ILEC Listing Below	Filing Due Date for this form (mm/dd/yyyy)	May 1, 2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

401599-Decatur Telephone Company, Inc.
 320776-Communications Corporation of Indiana
 320777-The Home Telephone Company of Pittsboro
 320778-Home Telephone Company, Inc.
 320788-The Merchants and Farmers Telephone Company
 320829-Tipton Telephone Company, Inc.
 320830-Tri-County Telephone Company. Inc.
 320837-West Point Telephone
 432010-Mid-America Telephone, Inc.
 432034-Wyandotte Telephone Company