

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

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Name of Reporting Carrier: CLIMAX TEL CO					
Signature of Authorized Officer: Kevin Doyle				<small>Digitally signed by Kevin Doyle DN:cn=Kevin Doyle,email=kdoyle@ctstelecom.com,O=climax tel co,l= , Date:1/5/2015</small> Date: 1/5/2015	
Printed name of Authorized Officer: Kevin Doyle					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 269-746-3244					
Study Area Code of Reporting Carrier	310688		Filing Due Date for this form (mm/dd/yyyy)	1/16/2015	
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Name of Reporting Carrier: DEERFIELD FARMERS					
Signature of Authorized Officer: David LaRocca				<small>Digitally signed by David LaRocca DN:cn=David LaRocca,email=dave@cass.net,O=deerfield farmers, = Date:5/7/2014</small> Date: 5/7/2014	
Printed name of Authorized Officer: David LaRocca					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 734-279-1339					
Study Area Code of Reporting Carrier	310691		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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

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I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ACE-MI DRENTHE					
Signature of Authorized Officer: Todd Roesler				<small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi drenthe,l=Houston MN 55943-0360, Date:11/4/2014</small> Date: 11/4/2014	
Printed name of Authorized Officer: Todd Roesler					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 507-896-6292					
Study Area Code of Reporting Carrier	310692		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.					

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

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		KALEVA TELEPHONE COMPANY	
Signature of Authorized Officer		Date 05/20/2014	
Printed name of Authorized Officer		JON W. CRIBBS	
Title or position of Authorized Officer		PRESIDENT	
Telephone number of Authorized Officer: ( 2343623111 ) ext.		Filing Due Date for this form (mm/dd/yyyy) 6/16/2014	
Study Area Code of Reporting Carrier		310703	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ACE TEL OF MICHIGAN					
Signature of Authorized Officer: Todd Roesler				<small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel of michigan,l=Houston MN 55943-0360, Date:11/4/2014</small> Date: 11/4/2014	
Printed name of Authorized Officer: Todd Roesler					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 507-896-6292					
Study Area Code of Reporting Carrier	310704		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.					

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



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


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

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

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

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

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

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<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
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<p>Name of Reporting Carrier: <span style="color: blue;">PIGEON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Neal Eichler</span></p>				<p>Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel co,l=Pigeon MI 48755, Date:5/15/2014</p>	
<p>Date: <span style="color: blue;">5/15/2014</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Neal Eichler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">989-453-4391</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310721</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

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

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<p>Name of Reporting Carrier: <span style="color: blue;">SPRINGPORT TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mark Cutler</span></p>				<p>Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel co,l=Springport MI 49284-0208, Date:5/19/2014</p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Cutler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accountant</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">517-857-3100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310728</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRINGPORT TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mark Cutler</span></p>				<p>Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel co,l=Springport MI 49284-0208, Date:12/22/2014</p>	
<p>Date: <span style="color: blue;">12/22/2014</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Cutler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accountant</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">517-857-3100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310728</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">1/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



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<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UPPER PENINSULA TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Hoover</span></p>				<p><small>Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=upper peninsula tel,l= , Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Hoover</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President and General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">906-639-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310732</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Winn Telephone Company**

Signature of Authorized Officer *Kevin Fryover*

Date **5/20/14**

Printed name of Authorized Officer **Kevin Fryover**

Title or position of Authorized Officer **Manager**

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

Study Area Code of Reporting Carrier **310737**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

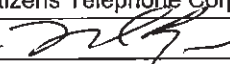
TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

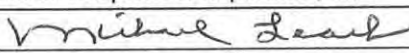
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.		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



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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


TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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




TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

Signature of Authorized Officer *Thomas D. Rawlinson*

Date **5/15/2014**

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

Title or position of Authorized Officer **President**

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

Study Area Code of Reporting Carrier

**340993**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Cert. # 10

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **McNabb Telephone Company**

Signature of Authorized Officer *Roger Pietsch, Pres.*

Date **5/12/2014**

Printed name of Authorized Officer **Roger Pietsch**

Title or position of Authorized Officer **President**

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

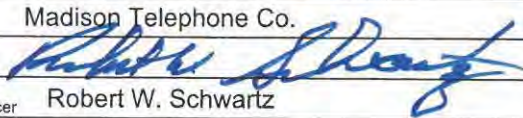
Study Area Code of Reporting Carrier **341048**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

Signature of Authorized Officer

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

Study Area Code of Reporting Carrier

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

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Oneida Telephone Exchange

Signature of Authorized Officer *Gary Peterson*

Date May 7, 2014

Printed name of Authorized Officer Gary Peterson

Title or position of Authorized Officer President

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

Study Area Code of Reporting Carrier 341066

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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



TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

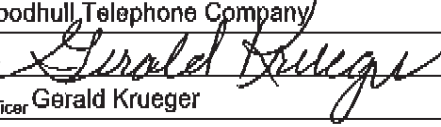
TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WABASH TEL COOP, INC					
Signature of Authorized Officer: Jeff Williams				Digitally signed by Jeff Williams DN:cn=Jeff Williams,email=jwilliams@wabash.net,O=wabash tel coop, inc,l=Louisville IL 62858-0299, Date:12/23/2014	
Date: 12/23/2014					
Printed name of Authorized Officer: Jeff Williams					
Title or position of Authorized Officer: General Manager/EVP					
Telephone number of Authorized Officer: 618-665-9925					
Study Area Code of Reporting Carrier	341088		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.					

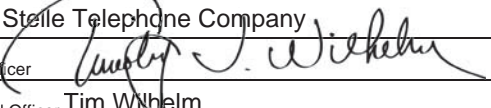
## TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Stalle Telephone Company	
Signature of Authorized Officer				 Date 5/12/2014	
Printed name of Authorized Officer				Tim Wilhelm	
Title or position of Authorized Officer				Secretary	
Telephone number of Authorized Officer: (815) 256-2299 ext. _____					
Study Area Code of Reporting Carrier		341092		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Brooklyn Mutual Telecommunications Cooperative

Signature of Authorized Officer



Date 5/13/2014

Printed name of Authorized Officer Tim Atkinson

Title or position of Authorized Officer General Manager &amp; Compliance Officer

Telephone number of Authorized Officer: (641) 522-9211 ext.

Study Area Code of Reporting Carrier

351113

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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


TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

Signature of Authorized Officer

Date **May 12, 2014**

Printed name of Authorized Officer **Joe Snyder**

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

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

Study Area Code of Reporting Carrier

**351129**

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

**6/16/2014**

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

Signature of Authorized Officer 

Date **5-14-14**

Printed name of Authorized Officer **Duane Andrew**

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

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

Study Area Code of Reporting Carrier **351136**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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




TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

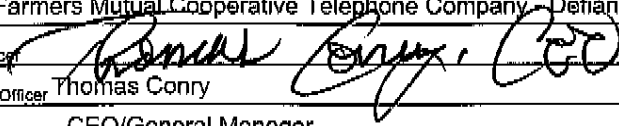
Name of Reporting Carrier: Danville Mutual Telephone Company			
Signature of Authorized Officer: 			Date: 5/7/2014
Printed name of Authorized Officer: Timothy J. Fendl			
Title or position of Authorized Officer: General Manager & CEO			
Telephone number of Authorized Officer: (319) 392-4251 ext.			
Study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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

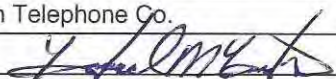
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Farmers Mutual Cooperative Telephone Company - Defiance			
Signature of Authorized Officer 		Date 4/29/15	
Printed name of Authorized Officer Thomas Conry			
Title or position of Authorized Officer CEO/General Manager			
Telephone number of Authorized Officer: (712) 744-3131 ext.			
Study Area Code of Reporting Carrier	351149	Filing Due Date for this form (mm/dd/yyyy)	5/1/2015
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 THE REPORTING CARRIER,

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

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <i>Dunkerton Telephone Cooperative</i>			
Signature of Authorized Officer <i>[Signature]</i>			Date <i>5-8-14</i>
Printed name of Authorized Officer <i>Sue Bruns</i>			
Title or position of Authorized Officer <i>CEO</i>			
Telephone number of Authorized Officer: <i>319 822 4501</i>			
Study Area Code of Reporting Carrier	<i>351153</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2014</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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




TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Ellsworth Cooperative Telephone Association

Signature of Authorized Officer 

Date 5-19-2014

Printed name of Authorized Officer Dave Clark

Title or position of Authorized Officer President

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

Study Area Code of Reporting Carrier 351157

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Farmers Telephone Batavia

Signature of Authorized Officer 

Date May 12, 2014

Printed name of Authorized Officer Joe Snyder

Title or position of Authorized Officer General Manager

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

Study Area Code of Reporting Carrier

351175

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Farmers Telephone Company

Signature of Authorized Officer *Tim R Hill*

Date 05/07/2014

Printed name of Authorized Officer Tim R Hill

Title or position of Authorized Officer General Manager

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

Study Area Code of Reporting Carrier 351176

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

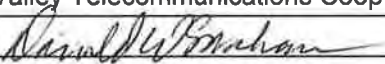
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.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



TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

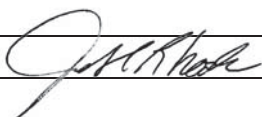
TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

## TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

Study Area Code of Reporting Carrier

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

Carrier Cert



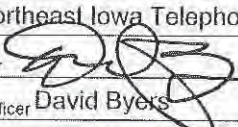
TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

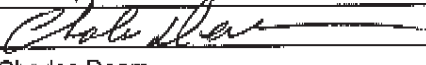
TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

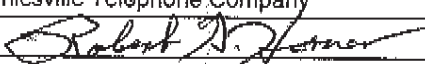
TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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



TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

## TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MUTUAL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Doug Boone</span></p>				<p><small>Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=mutual tel co,l=Sioux Center IA 51250, Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Doug Boone</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-722-3451</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351252</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					