

TO BE COMPLETED BY THE REPORTING CARRIER.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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**

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

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.

TO BE COMPLETED BY THE REPORTING CARRIER.

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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

Digitally signed by Terri Bogner DN:cn=Terri Bogner,email=teri@carrinter.net,O=carr tel co,l= , Date:5/14/2014

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

Name of Reporting Carrier: CLIMAX TEL CO

Signature of Authorized Officer: Kevin Doyle

Digitally signed by Kevin Doyle DN:cn=Kevin Doyle,email=kdoyle@ctstelecom.com,O=climax tel co,l= , Date:5/20/2014

Date: 5/20/2014

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)

6/16/2014

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

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
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, = 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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: 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.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 DRENTHÉ

Signature of Authorized Officer: **Todd Roesler**

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

Date: 5/16/2014

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)

6/16/2014

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

Signature of Authorized Officer: **Todd Roesler**

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

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.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		KALEVA TELEPHONE COMPANY	
Signature of Authorized Officer		Date 05/20/2014	
Printed name of Authorized Officer		JON W. CRIBBS	
Title or position of Authorized Officer		PRESIDENT	
Telephone number of Authorized Officer: (2343623111) ext.		Filing Due Date for this form (mm/dd/yyyy)	
Study Area Code of Reporting Carrier	310703	6/16/2014	

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

Signature of Authorized Officer: **Todd Roesler**

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

Date: 5/16/2014

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)

6/16/2014

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

Signature of Authorized Officer: **Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel of michigan,I=Houston MN 55943-0360, Date:11/4/2014

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

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TO BE COMPLETED BY THE REPORTING CARRIER,

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

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Name of Reporting Carrier					Lennon Telephone Company														
Signature of Authorized Officer					<i>Jacqueline Bowden</i>					Date					5-9-14				
Printed name of Authorized Officer										Jacqueline Bowden									
Title or position of Authorized Officer										President									
Telephone number of Authorized Officer:										(810) 621-3301 ext.									
Study Area Code of Reporting Carrier					310708					Filing Due Date for this form (mm/dd/yyyy)					6/16/2014				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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: MIDWAY TEL CO

Signature of Authorized Officer: **Camie Nebel-Conklin**

Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel co,l= , Date:5/19/2014

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

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Name of Reporting Carrier: **HIAWATHA TEL CO**

Signature of Authorized Officer: **Camie Nebel-Conklin**

Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha tel co,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Camie Nebel-Conklin**

Title or position of Authorized Officer: **Vice President/Chief Financial Officer**

Telephone number of Authorized Officer: **906-387-9911**

Study Area Code of Reporting Carrier

310713

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

6/16/2014

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TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				OGDEN TELEPHONE COMPANY	
Signature of Authorized Officer			<i>Linda K Corie</i>		Date
Printed name of Authorized Officer			LINDA K. CORIE		05/14/14
Title or position of Authorized Officer				SECRETARY-TREASURER	
Telephone number of Authorized Officer: (517) 443-5595 ext.					
Study Area Code of Reporting Carrier		310714	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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

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Name of Reporting Carrier: **ONTONAGON COUNTY TEL**

Signature of Authorized Officer: **Camie Nebel-Conklin**

Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel, Date:5/19/2014

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

310717

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

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Name of Reporting Carrier: PIGEON TEL CO

Signature of Authorized Officer: **Neal Eichler**

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

Date: 5/15/2014

Printed name of Authorized Officer: Neal Eichler

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 989-453-4391

Study Area Code of Reporting Carrier

310721

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

6/16/2014

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TO BE COMPLETED BY THE REPORTING CARRIER.

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

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Name of Reporting Carrier: SAND CREEK TEL CO

Signature of Authorized Officer: Harvey Souders

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

Date: 5/19/2014

Printed name of Authorized Officer: Harvey Souders

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

Telephone number of Authorized Officer: 517-436-3130

Study Area Code of Reporting Carrier

310725

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: **SPRINGPORT TEL CO**

Signature of Authorized Officer: **Mark Cutler**

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

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer: **517-857-3100**

Study Area Code of Reporting Carrier

310728

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

6/16/2014

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TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include 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: SPRINGPORT TEL CO					
Signature of Authorized Officer: Mark Cutler				<small>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</small>	
Date: 12/22/2014					
Printed name of Authorized Officer: Mark Cutler					
Title or position of Authorized Officer: Accountant					
Telephone number of Authorized Officer: 517-857-3100					
Study Area Code of Reporting Carrier	310728		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

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Name of Reporting Carrier: **UPPER PENINSULA TEL**

Signature of Authorized Officer: **David Hoover**

Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=upper peninsula tel, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **David Hoover**

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

Telephone number of Authorized Officer: **906-639-2111**

Study Area Code of Reporting Carrier

310732

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

6/16/2014

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TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WALDRON TEL CO**

Signature of Authorized Officer: **Lucinda Bernath**

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

Date: **5/19/2014**

Printed name of Authorized Officer: **Lucinda Bernath**

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

Telephone number of Authorized Officer: **517-286-6211**

Study Area Code of Reporting Carrier

310734

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

6/16/2014

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TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: WESTPHALIA TEL CO

Signature of Authorized Officer: David Fox

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

Date: 5/20/2014

Printed name of Authorized Officer: David Fox

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 989-587-5000

Study Area Code of Reporting Carrier

310735

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

6/16/2014

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TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include 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: ACE-MI OLD MISSION					
Signature of Authorized Officer: Todd Roesler				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	
Date: 5/16/2014					
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	310777		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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: **MCBC**

Signature of Authorized Officer: **David Hoover**

Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=mcbc,l=, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **David Hoover**

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

Telephone number of Authorized Officer: **877-216-0502**

Study Area Code of Reporting Carrier

310785

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

6/16/2014

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

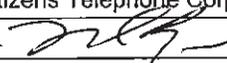
6/16/2014

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,

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

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

Name of Reporting Carrier Citizens Telephone Corp			
Signature of Authorized Officer 		Date 5/12/14	
Printed name of Authorized Officer Neil Laymon			
Title or position of Authorized Officer President/General Mgr			
Telephone number of Authorized Officer: (260) 375-2111, ext.			
Study Area Code of Reporting Carrier	320751	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CLAY DBA ENDEAVOR**

Signature of Authorized Officer: **Ralph Cunha**

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

Date: **5/20/2014**

Printed name of Authorized Officer: **Ralph Cunha**

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

Telephone number of Authorized Officer: **765-795-4261**

Study Area Code of Reporting Carrier

320753

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CRAIGVILLE TEL CO

Signature of Authorized Officer: Lee Von Gunten

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

Date: 5/8/2014

Printed name of Authorized Officer: Lee Von Gunten

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 260-565-3131

Study Area Code of Reporting Carrier

320756

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

6/16/2014

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

Signature of Authorized Officer: **Stephen Bartlett**

Digitally signed by Stephen Bartlett DN:cn=Stephen Bartlett,email=sbartlett@rtccom.com,O=daviess-martin/rtc,|=Montgomery IN 47558, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Stephen Bartlett**

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

Telephone number of Authorized Officer: **812-486-3211**

Study Area Code of Reporting Carrier

320759

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GEETINGSVILLE TEL CO**

Signature of Authorized Officer: **Steve Scott**

Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co,lc=, Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer: **765-258-3111**

Study Area Code of Reporting Carrier

320771

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

6/16/2014

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

Signature of Authorized Officer: Michael Burrow

Digitally signed by Michael Burrow DN:cn=Michael Burrow, email=mburrow@ninestarconnect.com, O=hancock dba ninestar, | = , Date: 5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Michael Burrow

Title or position of Authorized Officer: President and CEO

Telephone number of Authorized Officer: 317-326-2101

Study Area Code of Reporting Carrier

320775

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Hancock Rural Telephone Corp. d/b/a NineStar Connect			
Signature of Authorized Officer <i>Michael R. Burrow</i>			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
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: LIGONIER TEL CO

Signature of Authorized Officer: Donald Johnson

Digitally signed by Donald Johnson DN:cn=Donald Johnson,email=djohnson@ligtel.net,O=ligonier tel co,l= , Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Donald Johnson

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

Telephone number of Authorized Officer: 260-894-7161

Study Area Code of Reporting Carrier

320783

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

6/16/2014

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

Signature of Authorized Officer: **Bruce Hanway**

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

Date: **5/15/2014**

Printed name of Authorized Officer: **Bruce Hanway**

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

Telephone number of Authorized Officer: **219-253-6601**

Study Area Code of Reporting Carrier

320790

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

6/16/2014

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

Signature of Authorized Officer: **Randy Maish**

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

Date: **5/15/2014**

Printed name of Authorized Officer: **Randy Maish**

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

Telephone number of Authorized Officer: **765-296-2885**

Study Area Code of Reporting Carrier

320792

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

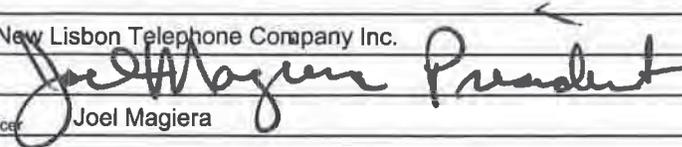
6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				New Lisbon Telephone Company Inc.		
Signature of Authorized Officer					Date	5/19/2014
Printed name of Authorized Officer			Joel Magiera			
Title or position of Authorized Officer			Board President			
Telephone number of Authorized Officer: (765)-332-2413						
Study Area Code of Reporting Carrier	320796	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014			

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NEW PARIS TEL INC**

Signature of Authorized Officer: **Paul Penrose**

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

Date: **5/20/2014**

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

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

Telephone number of Authorized Officer: **574-831-7115**

Study Area Code of Reporting Carrier

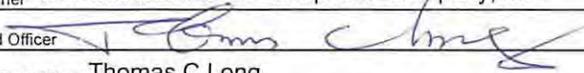
320797

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

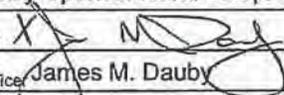
6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Pulaski White Rural Telephone Cooperative, Inc.			
Signature of Authorized Officer: <i>Mark A. Dickerson</i>		Date: 5/20/2014	
Printed name of Authorized Officer: Mark A. Dickerson			
Title or position of Authorized Officer: President/CEO			
Telephone number of Authorized Officer: (574) 278-7121 ext.			
Study Area Code of Reporting Carrier	320813	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ROCHESTER TEL CO

Signature of Authorized Officer: **Greta Lynch**

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

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			<i>Michael Leach</i>		Date
Printed name of Authorized Officer			Michael Leach		
Title or position of Authorized Officer			General Manager		
Telephone number of Authorized Officer: (812) 667-5100, ext.					
Study Area Code of Reporting Carrier	320819	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier <u>Sumner Telecommunications Corp</u>			
Signature of Authorized Officer <u>M. ALI</u>			Date <u>5/20/14</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>812-628-2122</u> ext.			
Study Area Code of Reporting Carrier	<u>320825</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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**

Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel co,l= , Date:5/15/2014

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>					
Name of Reporting Carrier: SWEETSER RURAL TEL					
Signature of Authorized Officer: Scott Winger				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	
Date: 5/12/2014					
Printed name of Authorized Officer: Scott Winger					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 765-384-4311					
Study Area Code of Reporting Carrier	320827		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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 King</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, 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include 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: YEOMAN TEL CO, INC					
Signature of Authorized Officer: David Blacker				<small>Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytci.com,O=yeoman tel co, inc,lc=, 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**

Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc., Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer: **715-268-7101**

Study Area Code of Reporting Carrier

330842

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **AMHERST TEL CO**

Signature of Authorized Officer: **Carl Bohman**

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

Date: **5/12/2014**

Printed name of Authorized Officer: **Carl Bohman**

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

Telephone number of Authorized Officer: **715-824-5529**

Study Area Code of Reporting Carrier

330843

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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: BALDWIN TELECOM, INC.					
Signature of Authorized Officer: <i>David J. Mattison</i>				Date: 5/15/2014	
Printed name of Authorized Officer: DAVID MATTISON					
Title or position of Authorized Officer: PRESIDENT					
Telephone number of Authorized Officer: (715) 684-3346, ext.					
Study Area Code of Reporting Carrier	330846	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BELMONT TEL CO					
Signature of Authorized Officer: Deb Egli				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	
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	330847		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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: **BERGEN TEL CO**

Signature of Authorized Officer: **Brad Ellefson**

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

Date: **5/12/2014**

Printed name of Authorized Officer: **Brad Ellefson**

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

Telephone number of Authorized Officer: **262-736-9981**

Study Area Code of Reporting Carrier

330848

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: BRUCE TEL CO, INC

Signature of Authorized Officer: **John Manosky**

Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel co, inc,l= , Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: John Manosky

Title or position of Authorized Officer: President & General Manager

Telephone number of Authorized Officer: 715-868-5111

Study Area Code of Reporting Carrier

330855

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

6/16/2014

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

Signature of Authorized Officer: **David Carter**

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

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.

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

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

Name of Reporting Carrier: **CHIBARDUN TEL COOP**

Signature of Authorized Officer: **N. Scott Behn**

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

Date: **5/19/2014**

Printed name of Authorized Officer: **N. Scott Behn**

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

Telephone number of Authorized Officer: **715-458-5400**

Study Area Code of Reporting Carrier

330861

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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.

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

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

Name of Reporting Carrier: CLEAR LAKE TEL CO-WI

Signature of Authorized Officer: **Tim Kusilek**

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

Date: 5/19/2014

Printed name of Authorized Officer: Tim Kusilek

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 715-263-2755

Study Area Code of Reporting Carrier

330865

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COCHRANE COOP TEL CO					
Signature of Authorized Officer: Gina Tomlinson				<small>Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mwt.net,O=cochrane coop tel co,l=Cochrane WI 54622-0189, Date:5/12/2014</small> 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.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 VALLEY FARMERS**

Signature of Authorized Officer: **Carol Olson**

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

Date: **5/9/2014**

Printed name of Authorized Officer: **Carol Olson**

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

Telephone number of Authorized Officer: **608-452-3101**

Study Area Code of Reporting Carrier

330868

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

6/16/2014

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

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 INDEPENDENT**

Signature of Authorized Officer: **Mark Anderson**

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

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer: **715-463-5322**

Study Area Code of Reporting Carrier

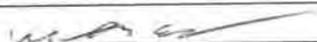
330879

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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 Hager Telecom Inc.			
Signature of Authorized Officer 			Date 05/16/2014
Printed name of Authorized Officer William Eckles			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (507) 526-3252 , ext.			
Study Area Code of Reporting Carrier	330889	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HILLSBORO TEL CO

Signature of Authorized Officer: Carla Shaker

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

Date: 5/16/2014

Printed name of Authorized Officer: Carla Shaker

Title or position of Authorized Officer: Secretary/Treasurer/Office Mgr.

Telephone number of Authorized Officer: 608-489-2100

Study Area Code of Reporting Carrier

330892

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

6/16/2014

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

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

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

Name of Reporting Carrier: LA VALLE TEL COOP

Signature of Authorized Officer: **Brad Welp**

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

Date: 5/8/2014

Printed name of Authorized Officer: Brad Welp

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 608-537-2461

Study Area Code of Reporting Carrier

330899

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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**

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

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**

Digitally signed by John Klatt DN:cn=John Klatt,email=jkklatt@lakeland.ws,O=lakeland-luck,l=Milltown WI 54858, Date:5/16/2014

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.

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

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

Name of Reporting Carrier: **MANAWA TEL CO**

Signature of Authorized Officer: **Thomas Squires**

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

Date: **5/12/2014**

Printed name of Authorized Officer: **Thomas Squires**

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

Telephone number of Authorized Officer: **920-596-1707**

Study Area Code of Reporting Carrier

330905

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

6/16/2014

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

Signature of Authorized Officer: **Jerry Schneider**

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

Date: **5/20/2014**

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

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

Telephone number of Authorized Officer: **608-586-4111**

Study Area Code of Reporting Carrier

330908

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

6/16/2014

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

Signature of Authorized Officer: **John Klatt**

Digitally signed by John Klatt DN:cn=John Klatt,email=jkklatt@lakeland.ws,O=lakeland-milltown,I=Milltown WI 54858, Date:5/16/2014

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer: **715-825-2171**

Study Area Code of Reporting Carrier

330910

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NELSON TEL COOP**

Signature of Authorized Officer: **Christy Berger**

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

Date: **5/12/2014**

Printed name of Authorized Officer: **Christy Berger**

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

Telephone number of Authorized Officer: **715-672-4204**

Study Area Code of Reporting Carrier

330918

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BAYLAND TEL, LLC**

Signature of Authorized Officer: **Roger Hermesen**

Digitally signed by Roger Hermesen DN:cn=Roger Hermesen,email=roger.hermesen@nsight.com,O=bayland tel, llc,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

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 <i>[Handwritten Signature]</i>			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.

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

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

Name of Reporting Carrier: PRICE COUNTY TEL CO

Signature of Authorized Officer: Catherine Mess

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

Date: 5/7/2014

Printed name of Authorized Officer: Catherine Mess

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 715-339-2151

Study Area Code of Reporting Carrier

330937

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

6/16/2014

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

Signature of Authorized Officer: **Roger Hermesen**

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

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

330938

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

6/16/2014

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

Digitally signed by Brad Welp DN:cn=Brad Welp,email=bradw@rgtc.coop,O=richland-grant coop,l= , Date:5/8/2014

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.

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

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

Name of Reporting Carrier: SHARON TEL CO

Signature of Authorized Officer: Brad Ellefson

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

Date: 5/12/2014

Printed name of Authorized Officer: Brad Ellefson

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 262-736-9981

Study Area Code of Reporting Carrier

330946

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

6/16/2014

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

Signature of Authorized Officer: **Sid Sherstad**

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

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.

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

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

Name of Reporting Carrier: **SOMERSET TEL CO**

Signature of Authorized Officer: **Michael Jensen**

Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel co,l= , Date:5/9/2014

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

330951

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

6/16/2014

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

Signature of Authorized Officer: **Carol Anderson**

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

Date: **5/9/2014**

Printed name of Authorized Officer: **Carol Anderson**

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

Telephone number of Authorized Officer: **715-778-4433**

Study Area Code of Reporting Carrier

330953

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: TRI-COUNTY COMM COOP

Signature of Authorized Officer: Cheryl Rue

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

Date: 5/12/2014

Printed name of Authorized Officer: Cheryl Rue

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 715-695-2691

Study Area Code of Reporting Carrier

330960

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

6/16/2014

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

Signature of Authorized Officer: Katherine Kehl

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

Date: 5/12/2014

Printed name of Authorized Officer: Katherine Kehl

Title or position of Authorized Officer: Secretary/Treasurer

Telephone number of Authorized Officer: 715-335-6301

Study Area Code of Reporting Carrier

330962

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VERNON TEL COOP					
Signature of Authorized Officer: Rodney Olson				<small>Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernontel.com,O=vernon tel coop,i=Westby WI 54667, Date:5/19/2014</small>	
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.

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

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

Name of Reporting Carrier: W. WISCONSIN TELCOM

Signature of Authorized Officer: Mark Stenseth

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

Date: 5/13/2014

Printed name of Authorized Officer: Mark Stenseth

Title or position of Authorized Officer: CEO/General Manager

Telephone number of Authorized Officer: 715-664-8311

Study Area Code of Reporting Carrier

330971

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

6/16/2014

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

Signature of Authorized Officer: **Linda Garbelman**

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

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.

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

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

Name of Reporting Carrier: **WOOD COUNTY TEL CO**

Signature of Authorized Officer: **Gregory Krings**

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

Date: **5/14/2014**

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

Title or position of Authorized Officer: **Director of Finance**

Telephone number of Authorized Officer: **715-421-8129**

Study Area Code of Reporting Carrier

330974

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

6/16/2014

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

Signature of Authorized Officer: **James Broemmer Jr.**

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

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.

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

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

Name of Reporting Carrier: **ALHAMBRA-GRANTFORK**

Signature of Authorized Officer: **Kevin Osterbur**

Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra-grantfork,I=Alhambra IL 62001-0207, Date:5/15/2014

Date: **5/15/2014**

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

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

Telephone number of Authorized Officer: **618-488-2165**

Study Area Code of Reporting Carrier

340978

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

6/16/2014

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

Signature of Authorized Officer: **Scott Rubins**

Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=cambridge tel co -il,l=Geneseo IL 61254-0330, Date:5/13/2014

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.

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

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

Name of Reporting Carrier: CASS TEL CO

Signature of Authorized Officer: Tom Allen

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

Date: 5/16/2014

Printed name of Authorized Officer: Tom Allen

Title or position of Authorized Officer: Vice President/Chief Operating Officer

Telephone number of Authorized Officer: 217-452-7800

Study Area Code of Reporting Carrier

340984

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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	CLARKSVILLE MUTUAL TEL CO		
Signature of Authorized Officer	<i>Patricia Rhoads</i>	Date	5-20-14
Printed name of Authorized Officer	PATRICIA RHOADS		
Title or position of Authorized Officer	SECRETARY-TREASURER		
Telephone number of Authorized Officer:	217.884.3822		
Study Area Code of Reporting Carrier	340990	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

Signature of Authorized Officer: *Thomas D. Rawlinson*

Date: **5/15/2014**

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

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

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

Study Area Code of Reporting Carrier: **340993**

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GENESEO TEL CO					
Signature of Authorized Officer: Scott Rubins				<small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@genseo.net,O=genseo tel co,l=Genseo 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	341016		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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		Glasford Telephone Co.	
Signature of Authorized Officer	<i>Duane Goetze</i>	Date	5/14/2014
Printed name of Authorized Officer		Duane Goetze	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer: (309) 389 5151 ext.			
Study Area Code of Reporting Carrier	341017	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GRAFTON TEL CO**

Signature of Authorized Officer: **Leigh Sickinger**

Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger,email=lsickinger@gtec.net,O=grafon tel co,l=Grafton IL 62037, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Leigh Sickinger**

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

Telephone number of Authorized Officer: **618-786-3400**

Study Area Code of Reporting Carrier

341020

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: 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.

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

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

Name of Reporting Carrier: **GRIDLEY TEL CO**

Signature of Authorized Officer: **Herb Flesher**

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

Date: **5/8/2014**

Printed name of Authorized Officer: **Herb Flesher**

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

Telephone number of Authorized Officer: **309-747-3780**

Study Area Code of Reporting Carrier

341023

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

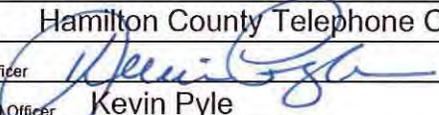
6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

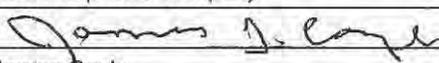
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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

Name of Reporting Carrier				Hamilton County Telephone Co-op	
Signature of Authorized Officer			Date		
			5/19/14		
Printed name of Authorized Officer				Kevin Pyle	
Title or position of Authorized Officer				GM/EVP	
Telephone number of Authorized Officer:				618736 2211, ext.	
Study Area Code of Reporting Carrier		341024	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HENRY COUNTY TEL CO

Signature of Authorized Officer: **Scott Rubins**

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

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

341029

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

6/16/2014

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

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		Home Telephone Co.	
Signature of Authorized Officer		Date	
<i>Eric Schmidt</i>		5/15/14	
Printed name of Authorized Officer		Eric Schmidt	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer: (618) 644-2111, ext.			
Study Area Code of Reporting Carrier	341032	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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: **KINSMAN MUTUAL TEL**

Signature of Authorized Officer: **Michelle Baudino**

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

Date: **5/12/2014**

Printed name of Authorized Officer: **Michelle Baudino**

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

Telephone number of Authorized Officer: **815-392-4210**

Study Area Code of Reporting Carrier

341041

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: LA HARPE TEL CO

Signature of Authorized Officer: **Todd Irish**

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

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

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

Name of Reporting Carrier: LEAF RIVER TEL CO

Signature of Authorized Officer: **Aaron Palmer**

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

Date: 5/12/2014

Printed name of Authorized Officer: Aaron Palmer

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 815-738-2216

Study Area Code of Reporting Carrier

341045

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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>Leonore Mutual Telephone Co., Inc</i>				
Signature of Authorized Officer			<i>Donna Naas</i>		Date			<i>5-20-14</i>
Printed name of Authorized Officer				<i>Donna Naas</i>				
Title or position of Authorized Officer				<i>Assistant Secretary</i>				
Telephone number of Authorized Officer: <i>(815) 856-3161 ext.</i>								
Study Area Code of Reporting Carrier		<i>341046</i>		Filing Due Date for this form (mm/dd/yyyy)		<i>6/16/2014</i>		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **MCDONOUGH TEL COOP**

Signature of Authorized Officer: **Jay Griswold**

Digitally signed by Jay Griswold DN:cn=Jay Griswold, email=jay@mdtc.net, O=mcdonough tel coop, l=Colchester IL 62326, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Jay Griswold**

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

Telephone number of Authorized Officer: **309-776-3211**

Study Area Code of Reporting Carrier

341047

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

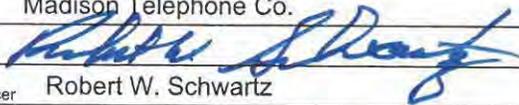
Name of Reporting Carrier McNabb Telephone Company			
Signature of Authorized Officer <i>Roger Pietsch, Pres.</i>		Date 5/12/2014	
Printed name of Authorized Officer Roger Pietsch			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (815) 882-2201 ext.			
Study Area Code of Reporting Carrier	341048	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

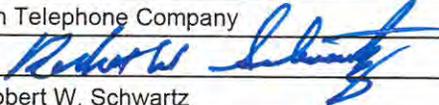
Name of Reporting Carrier	Madison Telephone Co.		
Signature of Authorized Officer			Date 05/12/2014
Printed name of Authorized Officer	Robert W. Schwartz		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer:	(618) 635-3214 _{ext.}		
Study Area Code of Reporting Carrier	341049	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		Madison Telephone Company	
Signature of Authorized Officer		Date	10/23/2014
Printed name of Authorized Officer		Robert W. Schwartz	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer: (618) 635-1000 ext.			

Study Area Code of Reporting Carrier	341049	Filing Due Date for this form (mm/dd/yyyy)	November 2014
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MARSEILLES TEL CO**

Signature of Authorized Officer: **Ann Dickerson**

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

Date: **5/15/2014**

Printed name of Authorized Officer: **Ann Dickerson**

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

Telephone number of Authorized Officer: **309-367-4197**

Study Area Code of Reporting Carrier

341050

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **METAMORA TEL CO**

Signature of Authorized Officer: **Ann Dickerson**

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

Date: **5/19/2014**

Printed name of Authorized Officer: **Ann Dickerson**

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

Telephone number of Authorized Officer: **309-367-4197**

Study Area Code of Reporting Carrier

341053

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MIDCENTURY TEL CO-OP

Signature of Authorized Officer: **James Broemmer, Jr.**

Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jbroemmer@midcentury.com,O=midcentury tel co-op,=Fairview IL 61432, Date:5/13/2014

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 DC Data Reported

I certify that I am an officer of the reporting carrier and my responsibilities include ensuring the accuracy 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
Printed name of Authorized Officer			George P. TAYS		
Title or position of Authorized Officer			Sec TREAS		
Telephone number of Authorized Officer:			217-925-5242		
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.

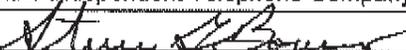
TO BE COMPLETED BY THE REPORTING CARRIER,

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: New Windsor Telephone Company			
Signature of Authorized Officer: <i>Richard W. Ristau</i>			Date: 5/12/2014
Printed name of Authorized Officer: Richard Ristau			
Title or position of Authorized Officer: Secretary			
Telephone number of Authorized Officer: (309) 667-2712 ext.			
Study Area Code of Reporting Carrier:	341062	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: REYNOLDS TEL CO, INC

Signature of Authorized Officer: **Grace Ochsner**

Digitally signed by Grace Ochsner DN:cn=Grace Ochsner,email=wins1@reytel.net,O=reynolds tel co, inc,l=Reynolds IL 61279-0027, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Grace Ochsner

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 309-372-4490

Study Area Code of Reporting Carrier

341075

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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: Tonica Telephone Company			
Signature of Authorized Officer: <i>Lloyd Vogel</i>			Date: 5/12/2014
Printed name of Authorized Officer: Lloyd Vogel			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: (815) 442-9901 ext. _____			
Study Area Code of Reporting Carrier	341086	Filing Due Date for this form (mm/dd/yyyy)	06/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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:10/29/2014

Date: **10/29/2014**

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)

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: **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

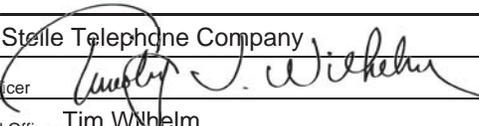
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Woodhull Telephone Company			
Signature of Authorized Officer <i>Gerald Krueger</i>			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.

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

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

Name of Reporting Carrier: REASNOR TEL. CO.

Signature of Authorized Officer: Gary Neill

Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=reasnor tel. co.,l= , Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Gary Neill

Title or position of Authorized Officer: Consultant

Telephone number of Authorized Officer: 402-477-1354

Study Area Code of Reporting Carrier

350739

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

6/16/2014

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

Signature of Authorized Officer: **JoAnne Gregorich**

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

Date: **5/9/2014**

Printed name of Authorized Officer: **JoAnne Gregorich**

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

Telephone number of Authorized Officer: **563-773-2213**

Study Area Code of Reporting Carrier

351097

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

6/16/2014

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

Signature of Authorized Officer: **Sheila Griffin**

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

Date: **5/15/2014**

Printed name of Authorized Officer: **Sheila Griffin**

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

Telephone number of Authorized Officer: **712-689-2238**

Study Area Code of Reporting Carrier

351098

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

6/16/2014

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

Signature of Authorized Officer: **Gerald Spaight**

Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel co, inc,I=Atkins IA 52206, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Gerald Spaight**

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

Telephone number of Authorized Officer: **319-446-7331**

Study Area Code of Reporting Carrier

351101

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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.

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

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

Name of Reporting Carrier: **ALPINE COMM.**

Signature of Authorized Officer: **Chris Hopp**

Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine comm.,l=Elkader IA 52043, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Chris Hopp**

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

Telephone number of Authorized Officer: **563-245-4480**

Study Area Code of Reporting Carrier

351106

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: 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=Baldwin 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 CAF ICC Data</u>	FROM <u>Doris M. Freeborn</u>		
Co./Dept <u>NECA</u>	Phone # <u>Barnes City Telephone</u>		
Phone # <u>1-800-228-0180</u>	Fax # <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**

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

Date: **5/9/2014**

Printed name of Authorized Officer: **Kyle Manders**

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

Telephone number of Authorized Officer: **563-879-3203**

Study Area Code of Reporting Carrier

351110

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BREDA TEL CORP.**

Signature of Authorized Officer: **Jane Morlok**

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

Date: **5/14/2014**

Printed name of Authorized Officer: **Jane Morlok**

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

Telephone number of Authorized Officer: **712-673-8101**

Study Area Code of Reporting Carrier

351112

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Brooklyn Mutual Telecommunications Cooperative			
Signature of Authorized Officer <i>Tim Atkinson</i>			Date 5/13/2014
Printed name of Authorized Officer Tim Atkinson			
Title or position of Authorized Officer General Manager & Compliance Officer			
Telephone number of Authorized Officer: (641) 522-9211 ext.			
Study Area Code of Reporting Carrier	351113	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **TITONKA-BURT (BURT)**

Signature of Authorized Officer: **Vicky Nelson**

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

Date: **5/15/2014**

Printed name of Authorized Officer: **Vicky Nelson**

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

Telephone number of Authorized Officer: **515-928-2110**

Study Area Code of Reporting Carrier

351114

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CASCADE COMM. CO.**

Signature of Authorized Officer: **David Gibson**

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

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.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CASEY MUTUAL TEL CO					
Signature of Authorized Officer: John Breining				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	
Date: 5/20/2014					
Printed name of Authorized Officer: John Breining					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-746-2222					
Study Area Code of Reporting Carrier	351119		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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				Center Junction Telephone Company Inc.	
Signature of Authorized Officer			<i>Russ Benke</i>		Date
Printed name of Authorized Officer			Russ Benke		5/07/2014
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		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **CENTRAL SCOTT TEL CO**

Signature of Authorized Officer:

Kent Dau

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

Date: **5/16/2014**

Printed name of Authorized Officer: **Kent Dau**

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

Telephone number of Authorized Officer: **563-285-9611**

Study Area Code of Reporting Carrier

351125

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

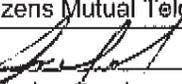
6/16/2014

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

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

Date: 5/14/2014

Printed name of Authorized Officer: Curtis Eldred

Title or position of Authorized Officer: Manager

Telephone number of Authorized Officer: 563-452-3852

Study Area Code of Reporting Carrier

351130

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CLEAR LAKE INDEPEND

Signature of Authorized Officer: **Thomas Lovell**

Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@cltel.com,O=clear lake independ,l=Clear Lake IA 50428-0066, Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer: Thomas Lovell

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

Telephone number of Authorized Officer: 641-357-2111

Study Area Code of Reporting Carrier

351132

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: C-M-L TEL COOP ASSN					
Signature of Authorized Officer: Bruce Johnson				Digitally signed by Bruce Johnson DN:cn=Bruce Johnson,email=cmltelco@netins.net,O=c-m-l tel coop assn,l=Meriden IA 51037-0018, Date:5/8/2014	
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 *Duane Andrew* Date **5-14-14**

Printed name of Authorized Officer **Duane Andrew**

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

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

Study Area Code of Reporting Carrier	351136	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		Coon Valley Cooperative Telephone Assn Inc	
Signature of Authorized Officer		Date 5-7-14	
Printed name of Authorized Officer		Jim Nelson	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer: () ext.		641-524-2111	
Study Area Code of Reporting Carrier	351137	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier 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
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **CORN BELT TEL CO**

Signature of Authorized Officer: **Larry Neppl**

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

Date: **5/19/2014**

Printed name of Authorized Officer: **Larry Neppl**

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

Telephone number of Authorized Officer: **712-664-2499**

Study Area Code of Reporting Carrier

351141

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

6/16/2014

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

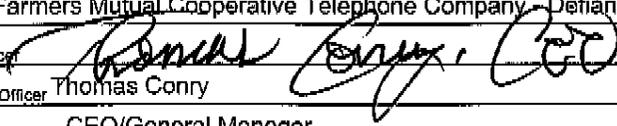
Name of Reporting Carrier		Danville Mutual Telephone Company	
Signature of Authorized Officer		Date 5/7/2014	
Printed name of Authorized Officer		Timothy J. Fencil	
Title or position of Authorized Officer		General Manager & CEO	
Telephone number of Authorized Officer:		(319) 392-4251 ext.	
Study Area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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

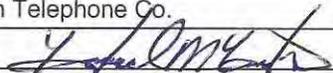
TO BE COMPLETED BY THE REPORTING CARRIER,

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 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.

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

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

Name of Reporting Carrier: **DUMONT TEL CO**

Signature of Authorized Officer: **Roger Kregel**

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

Date: **5/7/2014**

Printed name of Authorized Officer: **Roger Kregel**

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

Telephone number of Authorized Officer: **641-857-3211**

Study Area Code of Reporting Carrier

351152

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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>Dunkerton Telephone Cooperative</i>			
Signature of Authorized Officer <i>[Signature]</i>		Date <i>5-8-14</i>	
Printed name of Authorized Officer <i>Sue Brown</i>			
Title or position of Authorized Officer <i>CEO</i>			
Telephone number of Authorized Officer: <i>319 822 450 ext.</i>			
Study Area Code of Reporting Carrier	<i>351153</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2014</i>

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: EAST BUCHANAN COOP

Signature of Authorized Officer: **Butch Rorabaugh**

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

Date: 5/14/2014

Printed name of Authorized Officer: Butch Rorabaugh

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 319-935-3011

Study Area Code of Reporting Carrier

351156

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

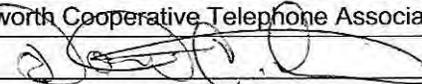
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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: Ellsworth Cooperative Telephone Association			
Signature of Authorized Officer: 			Date: 5-19-2014
Printed name of Authorized Officer: Dave Clark			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: (515) 836-4431, ext.			
Study Area Code of Reporting Carrier	351157	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 TELECOMM.**

Signature of Authorized Officer: **Debra Lucht**

Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecomm.,l=Minburn IA 50167, Date:5/12/2014

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

351158

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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 F&B Communications, Inc.			
Signature of Authorized Officer <i>Charles Freese</i>			Date 5/7/2014
Printed name of Authorized Officer Charles Freese			
Title or position of Authorized Officer Secretary/Treasurer			
Telephone number of Authorized Officer: (563) 374-1236			
Study Area Code of Reporting Carrier	351160	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				FARMERS COOPERATIVE TELEPHONE COMPANY	
Signature of Authorized Officer			<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.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 & MERCHANTS**

Signature of Authorized Officer: **Rex McGuire**

Digitally signed by Rex McGuire DN:cn=Rex McGuire,email=manager@farmtel.com,O=farmers & merchants,l=Wayland IA 52654-0247, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Rex McGuire**

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

Telephone number of Authorized Officer: **319-256-2736**

Study Area Code of Reporting Carrier

351166

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

6/16/2014

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

Signature of Authorized Officer: **Thomas Conry**

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

Date: **5/7/2014**

Printed name of Authorized Officer: **Thomas Conry**

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

Telephone number of Authorized Officer: **712-744-3131**

Study Area Code of Reporting Carrier

351168

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

6/16/2014

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

Signature of Authorized Officer: **Tammy Wheeler**

Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop,i=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**

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Mark Harrison**

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

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer: **319-436-2224**

Study Area Code of Reporting Carrier

351173

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

6/16/2014

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

Signature of Authorized Officer: **Kevin Cabbage**

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

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer: **712-829-2111**

Study Area Code of Reporting Carrier

351174

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

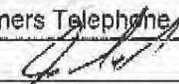
6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Farmers Telephone Batavia			
Signature of Authorized Officer: 			Date: May 12, 2014
Printed name of Authorized Officer: Joe Snyder			
Title or position of Authorized Officer: General Manager			
Telephone number of Authorized Officer: (641) 664-2074 ext.			
Study Area Code of Reporting Carrier	351175	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Farmers Telephone Company**

Signature of Authorized Officer *Tim R Hill*

Date **05/07/2014**

Printed name of Authorized Officer **Tim R Hill**

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

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

Study Area Code of Reporting Carrier **351176**

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				<i>Farmers Telephone Company</i>	
Signature of Authorized Officer			<i>Ronald J. Candner Jr.</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>641 949-2531 ext.</i>		
Study Area Code of Reporting Carrier		<i>35177</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2014</i>	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FENTON CO-OP TEL CO**

Signature of Authorized Officer: **Steven Longhenry**

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

Date: **5/20/2014**

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

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

Telephone number of Authorized Officer: **515-889-2785**

Study Area Code of Reporting Carrier

351179

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

6/16/2014

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

Signature of Authorized Officer: **Arthur Cooper**

Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=coop@pcctel.net,O=partner comm. coop.,l=, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer: Arthur Cooper

Title or position of Authorized Officer: Board President

Telephone number of Authorized Officer: 641-498-7701

Study Area Code of Reporting Carrier

351187

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Goldfield Telephone Company	
Signature of Authorized Officer			Date		
[Signature]			6/16/14		
Printed name of Authorized Officer					
Troy Seaba					
Title or position of Authorized Officer					
Secy					
Telephone number of Authorized Officer: () - - ext.					
515 825-3761					
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)			
35188		6/16/2014			

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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 <i>Donald Mahan</i>				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 <small>(mm/dd/yyyy)</small>	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Grand Mound Cooperative Telephone Association	
Signature of Authorized Officer			<i>Terri Bumann</i>		Date
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		Grismold Cooperative Telephone Co.	
Signature of Authorized Officer		Date 5/7/14	
Printed name of Authorized Officer		Robert A. Drogo	
Title or position of Authorized Officer		Executive Vice President	
Telephone number of Authorized Officer: 712.778.2121 ext.			
Study Area Code of Reporting Carrier	35-1195	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

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

Signature of Authorized Officer: **David Raak**

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

Date: **5/12/2014**

Printed name of Authorized Officer: **David Raak**

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

Telephone number of Authorized Officer: **712-752-8100**

Study Area Code of Reporting Carrier

351202

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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

Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop assn,I=Hubbard IA 50122-0428, Date:5/7/2014

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

Digitally signed by Gary Clark DN:cn=Gary Clark,email=garyc@huxleycommunications.net,O=huxley comm. coop.,|=Huxley IA 50124-0036, Date:5/7/2014

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.

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

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

Name of Reporting Carrier: IAMO TEL CO - IA

Signature of Authorized Officer: **Jack Jones**

Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=i amo tel co - ia,l=Coin IA 51636, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Jack Jones

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 712-583-3232

Study Area Code of Reporting Carrier

351206

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: INTERSTATE 35 TEL CO

Signature of Authorized Officer: Mike Weis

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

Date: 5/20/2014

Printed name of Authorized Officer: Mike Weis

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 641-765-4201

Study Area Code of Reporting Carrier

351209

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

6/16/2014

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

Signature of Authorized Officer: **Casey Peck**

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

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 Company**

Signature of Authorized Officer *Byran Kimm*

Date ~~6/16/2014~~
5-19-14

Printed name of Authorized Officer **Byran Kimm**

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

Telephone number of Authorized Officer: **(319) 442-3241 ext.**

Study Area Code of Reporting Carrier **351217**

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: LA PORTE CITY TEL CO

Signature of Authorized Officer: **Chris Hopp**

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

Date: 5/9/2014

Printed name of Authorized Officer: Chris Hopp

Title or position of Authorized Officer: Executive Secretary

Telephone number of Authorized Officer: 563-245-4480

Study Area Code of Reporting Carrier

351220

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LA MOTTE TEL CO**

Signature of Authorized Officer: **JoAnne Gregorich**

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

Date: **5/9/2014**

Printed name of Authorized Officer: **JoAnne Gregorich**

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

Telephone number of Authorized Officer: **563-773-2213**

Study Area Code of Reporting Carrier

351222

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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**

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

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.

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

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

Name of Reporting Carrier: **LOST NATION-ELWOOD**

Signature of Authorized Officer: **Kelly Johnson**

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

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer: **563-678-2470**

Study Area Code of Reporting Carrier

351229

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

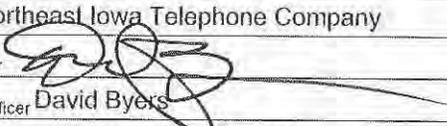
6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: LYNNVILLE TEL. CO.

Signature of Authorized Officer: Gary Neill

Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=Lynnville tel. co.,l= , Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Gary Neill

Title or position of Authorized Officer: Consultant

Telephone number of Authorized Officer: 402-477-1354

Study Area Code of Reporting Carrier

351232

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FARMERS (MANILLA)**

Signature of Authorized Officer: **Thomas Conry**

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

Date: **5/7/2014**

Printed name of Authorized Officer: **Thomas Conry**

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

Telephone number of Authorized Officer: **712-744-3131**

Study Area Code of Reporting Carrier

351235

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MARNE & ELK HORN TEL**

Signature of Authorized Officer: **Janell Hansen**

Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=marne & elk horn tel,l=Elk Horn IA 51531, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **Janell Hansen**

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

Telephone number of Authorized Officer: **712-764-6161**

Study Area Code of Reporting Carrier

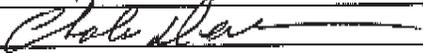
351237

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MASSENA TEL CO**

Signature of Authorized Officer: **Kathleen Foster**

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

Date: **5/8/2014**

Printed name of Authorized Officer: **Kathleen Foster**

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

Telephone number of Authorized Officer: **712-779-2227**

Study Area Code of Reporting Carrier

351239

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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 Mechanicsville Telephone Company			
Signature of Authorized Officer <i>Robert G. Horner</i>		Date 5-13-2014	
Printed name of Authorized Officer Robert G. Horner			
Title or position of Authorized Officer Sec. Tres.			
Telephone number of Authorized Officer: (563) 432-7221 ext.			
Study Area Code of Reporting Carrier	351241	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MINBURN TEL CO**

Signature of Authorized Officer: **Debra Lucht**

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

Date: **5/12/2014**

Printed name of Authorized Officer: **Debra Lucht**

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

Telephone number of Authorized Officer: **515-677-2264**

Study Area Code of Reporting Carrier

351245

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MINERVA VALLEY TEL**

Signature of Authorized Officer: **Levi Bappe**

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

Date: **5/19/2014**

Printed name of Authorized Officer: **Levi Bappe**

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

Telephone number of Authorized Officer: **641-487-7399**

Study Area Code of Reporting Carrier

351246

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

6/16/2014

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TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MODERN COOP TEL CO**

Signature of Authorized Officer: **Jeffrey Brower**

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

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

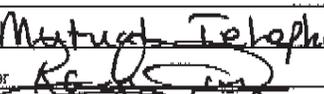
351247

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

6/16/2014

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TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	Mutual Telephone Company of Morning Sun		
Signature of Authorized Officer		Date	5/7/2014
Printed name of Authorized Officer	Randy For		
Title or position of Authorized Officer	Executive Vice President		
Telephone number of Authorized Officer:	819, 868 763 ext.		
Study Area Code of Reporting Carrier	351250	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MEDIAPOLIS TEL CO**

Signature of Authorized Officer: **William Malcom**

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

Date: **5/15/2014**

Printed name of Authorized Officer: **William Malcom**

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

Telephone number of Authorized Officer: **319-394-3456**

Study Area Code of Reporting Carrier

351251

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

6/16/2014

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TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Doug Boone**

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

Date: **5/15/2014**

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

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

Telephone number of Authorized Officer: **712-722-3451**

Study Area Code of Reporting Carrier

351252

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

6/16/2014

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