

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS MUTUAL TEL					
Signature of Authorized Officer: Daniel Greig				<small>Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmtc.com,O=farmers mutual tel,l=Fruitland ID 83619, Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer: Daniel Greig					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 208-452-3100					
Study Area Code of Reporting Carrier	472221		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>Fremont Telcom</b></p>					
<p>Signature of Authorized Officer:      <b>Theodore Otis</b></p>				<p><small>Digitally signed by Theodore Otis DN:cn=Theodore Otis,email=totis@blackfoot.com,O=fremont telcom,l= , Date:5/14/2014</small></p> <p>Date:      <b>5/14/2014</b></p>	
<p>Printed name of Authorized Officer:      <b>Theodore Otis</b></p>					
<p>Title or position of Authorized Officer:      <b>CFO</b></p>					
<p>Telephone number of Authorized Officer:      <b>406-541-5228</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472222</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Fremont Telcom**

Signature of Authorized Officer



Date **10/23/14**

Printed name of Authorized Officer **Theodore P. Otis**

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

Telephone number of Authorized Officer: **(406) 541-5228** ext.

Study Area Code of Reporting Carrier

**472222**

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

**November 2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDVALE TEL EXCH INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Stuart</span></p>				<p><small>Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale tel exch inc,l=Midvale ID 83645, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Stuart</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-355-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472226</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

RECEIVED 05/19/2014 15:00 12083745688

MUD LAKE TELEPHONE

Ron's Tire Factory

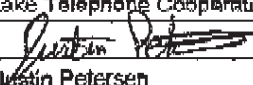
Fax: 1-208-663-4989

May 19 2014 03:35pm

P004/004

472227

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICG Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Mud Lake Telephone Cooperative Association, Inc.			
Signature of Authorized Officer: 		Date: 05/19/2014	
Printed name of Authorized Officer: Justin Petersen			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: (208) 374-5401 ext.			
Study Area Code of Reporting Carrier	472227	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PROJECT MUTUAL TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Rick Harder</span></p>				<p>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel,lc=US, Date:5/16/2014</p>	
<p>Date: <span style="color: blue;">5/16/2014</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Rick Harder</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-434-7124</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472231</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DIRECT COMM-ROCKLAND					
Signature of Authorized Officer: Leonard May				Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland,l=Rockland ID 83271, Date:5/9/2014	
Date: 5/9/2014					
Printed name of Authorized Officer: Leonard May					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 208-548-2345					
Study Area Code of Reporting Carrier	472232		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

472233

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Rural Telephone Company - ID			
Signature of Authorized Officer 			Date 05/19/2014
Printed name of Authorized Officer Michael J. Martell			
Title or position of Authorized Officer Vice-President			
Telephone number of Authorized Officer: (208) 366-2614 ext.			
Study Area Code of Reporting Carrier	472233	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SILVER STAR TEL- ID</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jefferson England</span></p>				<p>Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel-id,I=Freedom WY 83120, Date:5/12/2014</p>	
<p>Date: <span style="color: blue;">5/12/2014</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jefferson England</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">307-883-6675</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472295</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

472423

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>Inland Telephone Company - ID</b>			
Signature of Authorized Officer <i>Gregory A. Maras</i>			Date <b>May 20, 2014</b>
Printed name of Authorized Officer <b>Gregory A. Maras</b>			
Title or position of Authorized Officer <b>Secretary</b>			
Telephone number of Authorized Officer: <b>(509) 649-2211</b> , ext.			
Study Area Code of Reporting Carrier	<b>472423</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>BLACKFOOT TEL - BTC</b></p>					
<p>Signature of Authorized Officer:      <b>Theodore Otis</b></p>				<p><small>Digitally signed by Theodore Otis DN:cn=Theodore Otis,email=totis@blackfoot.com,O=blackfoot tel - btc,lc= , Date:5/14/2014</small></p>	
<p>Date:      <b>5/14/2014</b></p>					
<p>Printed name of Authorized Officer:      <b>Theodore Otis</b></p>					
<p>Title or position of Authorized Officer:      <b>CFO</b></p>					
<p>Telephone number of Authorized Officer:      <b>406-541-5228</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>482235</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HOT SPRINGS TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kathe Johnson</span></p>				<p>Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe_ann@yahoo.com,O=hot springs tel co,l=Missoula MT 59808, Date:5/15/2014</p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kathe Johnson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-721-0846</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482241</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

482242

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>InterBel Telephone Cooperative, Inc</b>				
Signature of Authorized Officer 				Date <b>05/12/14</b>
Printed name of Authorized Officer <b>Randy L Wilson</b>				
Title or position of Authorized Officer <b>CEO General Manager</b>				
Telephone number of Authorized Officer: <b>(406) 889-3311</b> ext.				
Study Area Code of Reporting Carrier	<b>482242</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLN TEL CO INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Ken Lumpkin</span></p>				<p>Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@lincotel.net,O=lincoln tel co inc,lc= , Date:5/15/2014</p>	
<p>Date: <span style="color: blue;">5/15/2014</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Ken Lumpkin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager / Secretary / Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-362-4216</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482244</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

482246

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Mid-Rivers Telephone Cooperative, Inc.				
Signature of Authorized Officer 			Date 05/14/2014	
Printed name of Authorized Officer Alan Sewer				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (406) 485-3301, ext.				
Study Area Code of Reporting Carrier	482246	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEMONT TEL COOP-MT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Remi Sun</span></p>				<p><small>Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop-mt,l=Scobey MT 59263-0600, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Remi Sun</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-783-2358</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482247</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHERN TEL COOP					
Signature of Authorized Officer: Rick Neva				<small>Digitally signed by Rick Neva DN:cn=Rick Neva,email=rneva@northerntel.net,O=northern tel coop,l=Sunburst MT 59482-0190, Date:5/20/2014</small> Date: 5/20/2014	
Printed name of Authorized Officer: Rick Neva					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 406-937-2114					
Study Area Code of Reporting Carrier	482248		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PROJECT TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Remi Sun</span></p>				<p><small>Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=project tel co,l=Scobey MT 59263-0600, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Remi Sun</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-783-2358</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482250</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>RANGE TEL COOP-MT</b></p>					
<p>Signature of Authorized Officer:      <b>Erick Steinman</b></p>				<p>Digitally signed by Eric= Steinman DN:cn, Eric= Steinman@mail, eric=k rangetel.coop@, range tel coop-mt@ @date:5/14/1420</p>	
<p>Date:      <b>5/20/2014</b></p>					
<p>Printed name of Authorized Officer:      <b>Erick Steinman</b></p>					
<p>Title or position of Authorized Officer:      <b>CFO</b></p>					
<p>Telephone number of Authorized Officer:      <b>406-347-2226</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>482251</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOUTHERN MONTANA TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Larry Mason</span></p>				<p>Digitally signed by Larry Mason DN:cn=Larry Mason,email=LMason@SMTel.com,O=southern montana tel,l=Wisdom MT 59761, Date:5/19/2014</p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Larry Mason</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-689-3333</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482254</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TRIANGLE TEL COOP					
Signature of Authorized Officer: Richard Stevens				Digitally signed by Richard Stevens DN:cn=Richard Stevens,email=rstevens@itstriangle.net,O=triangle tel coop,l=Havre MT 59501-1220, Date:5/14/2014 Date: 5/14/2014	
Printed name of Authorized Officer: Richard Stevens					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 406-394-2000					
Study Area Code of Reporting Carrier	482257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">0BLACKFOOTBEAKO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Theodore Otis</span></p>				<p><small>Digitally signed by Theodore Otis DN:cn=Theodore Otis,email=totis@blackfoot.com,O=blackfoot tel - cft,l= , Date:5/14/2014</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Theodore F ri</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">AKF</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">435/5118</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482238</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">5/14/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CENTRAL MONTANA</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Richard Stevens</span></p>				<p><small>Digitally signed by Richard Stevens DN:cn=Richard Stevens,email=rstevens@itstriangle.net,O=central montana,l=Havre MT 59501-1220, Date:5/14/2014</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Richard Stevens</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-394-2000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">483310</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MESCALERO APACHE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Godfrey Enjady</span></p>				<p><small>Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache,I=Mescalero NM 88340, Date:5/20/2014</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Godfrey Enjady</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">505-795-5555</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">491231</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>DELL TEL CO-OP - NM</b>					
Signature of Authorized Officer: <b>Marcy Guillen</b>				<small>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mg Guillen@dellcity.com,O=dell tel co-op - nm,l= , Date:5/12/2014</small> Date: <b>5/12/2014</b>	
Printed name of Authorized Officer: <b>Marcy Guillen</b>					
Title or position of Authorized Officer: <b>Office Manager</b>					
Telephone number of Authorized Officer: <b>915-964-2352</b>					
Study Area Code of Reporting Carrier	<b>492066</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VALLEY TEL COOP - NM					
Signature of Authorized Officer: Steven Metts				<small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop - nm,l=Willcox AZ 85644, Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Steven Metts					
Title or position of Authorized Officer: CEO / General Manager					
Telephone number of Authorized Officer: 520-384-2231					
Study Area Code of Reporting Carrier	492176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

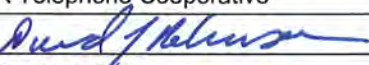
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BACA VALLEY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Peggy Briesh</span></p>				<p><small>Digitally signed by Peggy Briesh DN:cn=Peggy Briesh,email=bvtpb@bacavalley.com,O=baca valley tel co,l=Des Moines NM 88418-0067, Date:5/9/2014</small></p> <p>Date: <span style="color: blue;">5/9/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Peggy Briesh</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Assistant Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-278-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492259</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

492262

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier ENMR Telephone Cooperative NM				
Signature of Authorized Officer 			Date 5/19/2014	
Printed name of Authorized Officer David J Robinson				
Title or position of Authorized Officer Chief Financial Officer				
Telephone number of Authorized Officer: (575) 389-5100 ext.				
Study Area Code of Reporting Carrier	492262		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>ENMR Telephone Cooperative</b>			
Signature of Authorized Officer 			Date <b>12/18/2014</b>
Printed name of Authorized Officer <b>David J. Robinson</b>			
Title or position of Authorized Officer <b>Chief Financial Officer</b>			
Telephone number of Authorized Officer: <b>(575) 389-5100</b> ext.			
Study Area Code of Reporting Carrier	<b>492262</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>1/16/2015</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

492263

TO BE COMPLETED BY THE REPORTING CARRIER,

<p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier <u>La Jicarita Rural Telephone Cooperative, Inc.</u></p>			
<p>Signature of Authorized Officer <u><i>Danny Gray</i></u></p>			<p>Date <u>5/19/14</u></p>
<p>Printed name of Authorized Officer <u>Danny Gray</u></p>			
<p>Title or position of Authorized Officer <u>General Manager</u></p>			
<p>Telephone number of Authorized Officer: <u>(575) 387-2216</u>, ext. <u>        </u></p>			
<p>Study Area Code of Reporting Carrier</p>	<p><u>492263</u></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><u>6/16/2014</u></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>LEACO RURAL TEL COOP</b></p>					
<p>Signature of Authorized Officer:      <b>Dale Snider</b></p>				<p>Digitally signed by Dale Snider DN:cn=Dale Snider,email=dsnider@leaco.org,O=leaco rural tel coop,lc=, Date:5/14/2014</p> <p>Date:      <b>5/14/2014</b></p>	
<p>Printed name of Authorized Officer:      <b>Dale Snider</b></p>					
<p>Title or position of Authorized Officer:      <b>CFO</b></p>					
<p>Telephone number of Authorized Officer:      <b>575-433-4301</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492264</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WESTERN NEW MEXICO					
Signature of Authorized Officer: John Francis				<small>Digitally signed by John Francis DN:cn=John Francis,email=jfrancis@wnmt.com,O=western new mexico,l=Silver City NM 88061, Date:5/20/2014</small> Date: 5/20/2014	
Printed name of Authorized Officer: John Francis					
Title or position of Authorized Officer: Exec. Vice President					
Telephone number of Authorized Officer: 575-535-2230					
Study Area Code of Reporting Carrier	492268		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PENASCO VALLEY TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kevin Bartley</span></p>				<p><small>Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel,= , Date:5/14/2014</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kevin Bartley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-748-1241</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492270</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROOSEVELT CNTY RURAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Cecile Archibeque</span></p>				<p><small>Digitally signed by Cecile Archibeque DN:cn=Cecile Archibeque,email=cecile@yuccatelecom.com,O=roosevelt cnty rural, Portales NM 88130-0867, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Cecile Archibeque</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/EO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-226-2255</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492272</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SACRED WIND					
Signature of Authorized Officer: John Badal				<small>Digitally signed by John Badal DN:cn=John Badal,email=jbadal@sacred-wind.com,O=sacred wind,l= , Date:5/12/2014</small> Date: 5/12/2014	
Printed name of Authorized Officer: John Badal					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 505-821-5080					
Study Area Code of Reporting Carrier	493403		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DIRECTCOMM-CEDAR VAL					
Signature of Authorized Officer: Kip Wilson				Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=directcomm-cedar val,l=Rockland ID 83271, Date:5/9/2014	
Date: 5/9/2014					
Printed name of Authorized Officer: Kip Wilson					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 208-548-2345					
Study Area Code of Reporting Carrier	500758		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CENTRAL UTAH TEL INC					
Signature of Authorized Officer: Mike Plows				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc, Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: Mike Plows					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 425-275-1013					
Study Area Code of Reporting Carrier	502277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GUNNISON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Natalie Gleave</span></p>				<p><small>Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel co,l=Gunnison UT 84634, Date:5/12/2014</small></p> <p>Date: <span style="color: blue;">5/12/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Natalie Gleave</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller/Director</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">435-528-7236</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">502279</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>MANTI TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Dallas Cox</b></p>				<p>Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti tel co,l= , Date:5/20/2014</p>	
<p>Date:      <b>5/20/2014</b></p>					
<p>Printed name of Authorized Officer:      <b>Dallas Cox</b></p>					
<p>Title or position of Authorized Officer:      <b>Vice President and General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>435-835-3391</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502282</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SKYLINE TELECOM</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mike Plows</span></p>				<p><small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,lc=, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mike Plows</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">425-275-1013</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">502283</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BEEHIVE TEL CO - UT</p>					
<p>Signature of Authorized Officer: <b>Jacob Warner</b></p>				<p>Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive tel co - ut,l=, Date:5/19/2014</p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Jacob Warner</p>					
<p>Title or position of Authorized Officer: President/General Manager</p>					
<p>Telephone number of Authorized Officer: 435-837-6000</p>					
Study Area Code of Reporting Carrier	502284		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>					

502286

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier South Central Utah Telephone Asson, Inc.			
Signature of Authorized Officer <i>Michael R. East</i>			Date 05/20/2014
Printed name of Authorized Officer Michael R. East			
Title or position of Authorized Officer CEO			
Telephone number of Authorized Officer: (435) 826-4211 ext.			
Study Area Code of Reporting Carrier	502286	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>UBTA-UBET/STRATA</b></p>					
<p>Signature of Authorized Officer: <b>Karl Searle</b></p>				<p>Digitally signed by Karl Searle DN:cn=Karl Searle,email=ksearle@stratanetworks.com,O=ubta-ubet/s trata,l=Roosevelt UT 84066, Date:5/19/2014</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer: <b>Karl Searle</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>435-622-5472</b></p>					
Study Area Code of Reporting Carrier	<b>502287</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALL WEST COMM-UT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jenny Prescott</span></p>				<p><small>Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,l=Kamas UT 84036, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jenny Prescott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP Customer Service &amp; Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">435-783-4913</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">502288</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BEAR LAKE COMM</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mike Plows</span></p>				<p><small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake comm,l=, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mike Plows</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">425-275-1013</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">503032</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <span style="color: blue;">RANGE TEL COOP - WY</span></p>					
<p>Signature of Authorized Officer:      <span style="color: blue;">Erick Steinman</span></p>				<p><small>Digitally signed by Erick Steinman DN:cn=Erick Steinman,email=erick@rangetel.coop,O=range tel coop - wy, Date:5/20/2014</small></p> <p>Date:      <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer:      <span style="color: blue;">Erick Steinman</span></p>					
<p>Title or position of Authorized Officer:      <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer:      <span style="color: blue;">406-347-2226</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">512251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CHUGWATER TEL CO					
Signature of Authorized Officer: <b>Greg Cashner</b>				<small>Digitally signed by Greg Cashner DN: cn=Greg Cashner, email=greg.cashner@chugtelco.com, O=chugwater tel co, l=Chugwater WY 82210, Date: 5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer: Greg Cashner					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 307-422-3535					
Study Area Code of Reporting Carrier	512289		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALL WEST COMM.-WY</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jenny Prescott</span></p>				<p><small>Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm.-wy,l=Kamas UT 84036, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jenny Prescott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP Customer Service &amp; Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">435-783-4913</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">512290</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

VOLUME 1  
APPENDIX C  
EXHIBIT 3

512291

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

Signature of Authorized Officer

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

Study Area Code of Reporting Carrier

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTGATE dba WEAVTEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Richard Weaver</span></p>				<p>Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=rick@weavnet.com,O=westgate dba weavtel,l=Chelan WA 98816, Date:5/14/2014</p>	
<p>Date: <span style="color: blue;">5/14/2014</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Richard Weaver</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">509-682-5556</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">520580</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SKYLINE TELECOM CO.</p>					
<p>Signature of Authorized Officer: Delinda Kluser</p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=skyline telecom co.,l=Mt. Vernon OR 97865-0609, Date:5/15/2014</p>	
<p>Date: 5/15/2014</p>					
<p>Printed name of Authorized Officer: Delinda Kluser</p>					
<p>Title or position of Authorized Officer: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer: 541-932-4411</p>					
Study Area Code of Reporting Carrier	520581		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 Hat Island Telephone Company			
Signature of Authorized Officer 			Date 5/16/2014
Printed name of Authorized Officer Bruce Russell			
Title or position of Authorized Officer Chief Operating Officer			
Telephone number of Authorized Officer: (360) 321-0086 ext.			
Study Area Code of Reporting Carrier	522417	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

522418

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Pend Oreille Telephone COo.</b>				
Signature of Authorized Officer 				Date <b>05/19/2014</b>
Printed name of Authorized Officer <b>Michael J. Martell</b>				
Title or position of Authorized Officer <b>Vice-President</b>				
Telephone number of Authorized Officer: <b>(208) 366-2614</b> ext.				
Study Area Code of Reporting Carrier	<b>522418</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Hood Canal Telephone Co., Inc.

Signature of Authorized Officer *Richard Buechel* Date 5/8/14

Printed name of Authorized Officer Richard Buechel

Title or position of Authorized Officer President

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

Study Area Code of Reporting Carrier	522419	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
--------------------------------------	--------	--	-----------

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

522423

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Inland Telephone Company - WA

Signature of Authorized Officer



Date May 20, 2014

Printed name of Authorized Officer Gregory A. Maras

Title or position of Authorized Officer Secretary

Telephone number of Authorized Officer: (509) 649-2211, ext.

Study Area Code of Reporting Carrier

522423

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
<div style="display: flex; justify-content: space-between;"> <span>Name of Reporting Carrier</span> <span>Inland Telephone Company</span> </div>				
<div style="display: flex; justify-content: space-between;"> <span>Signature of Authorized Officer</span> <span></span> </div>				<div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>10/22/2014</span> </div>
<div style="display: flex; justify-content: space-between;"> <span>Printed name of Authorized Officer</span> <span>James K. Brooks</span> </div>				
<div style="display: flex; justify-content: space-between;"> <span>Title or position of Authorized Officer</span> <span>Treasurer/Controller</span> </div>				
<div style="display: flex; justify-content: space-between;"> <span>Telephone number of Authorized Officer:</span> <span>(509) 649-2211 ext. _____</span> </div>				
<div style="display: flex; justify-content: space-between;"> <span>Study Area Code of Reporting Carrier</span> <span>522423</span> </div>	<div style="display: flex; justify-content: space-between;"> <span>Filing Due Date for this form (mm/dd/yyyy)</span> <span>November 2014</span> </div>			
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KALAMA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Rick Vitzthum</span></p>				<p><small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama tel co,l=Tenino WA 98589, Date:5/9/2014</small></p> <p>Date: <span style="color: blue;">5/9/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Rick Vitzthum</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">360-264-3155</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522426</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

522431

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Mashell Telecom, Inc.**

Signature of Authorized Officer

Date **5/19/2014**

Printed name of Authorized Officer **Brian Haynes**

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

Telephone number of Authorized Officer: **(360) 832-4130** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier **522431**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Pioneer Telephone Company</b>			
Signature of Authorized Officer 			Date <b>5/8/2014</b>
Printed name of Authorized Officer <b>Dallas Filan</b>			
Title or position of Authorized Officer <b>General Manager</b>			
Telephone number of Authorized Officer: <b>(509) 549-3511</b> , ext.			
Study Area Code of Reporting Carrier	<b>522437</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ST JOHN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gregory Morasch</span></p>				<p><small>Digitally signed by Gregory Morasch DN:cn=Gregory Morasch,email=gmorasch@stjohncable.com,O=st john tel co,l=St. John WA 99171, Date:5/7/2014</small></p> <p>Date: <span style="color: blue;">5/7/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gregory Morasch</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">509-648-3322</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522442</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TENINO TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Rick Vitzthum</span></p>				<p><small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino telephone co,l=Tenino WA 98589, Date:5/9/2014</small></p>	
<p>Date: <span style="color: blue;">5/9/2014</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Rick Vitzthum</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">360-264-3155</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522446</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TOLEDO TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Philip Cappalonga</span></p>				<p><small>Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co,l= , Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Philip Cappalonga</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">360-864-2004</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522447</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

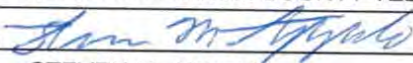
TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier **WESTERN WAHIAKUM COUNTY TELEPHONE COMPANY**

Signature of Authorized Officer



Date **05/13/2014**

Printed name of Authorized Officer **STEVEN M. APPELO**

Title or position of Authorized Officer **CORPORATE SECRETARY**

Telephone number of Authorized Officer: **(360) 465-2211**, ext.

Study Area Code of Reporting Carrier

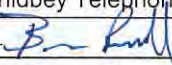
**522451**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Whidbey Telephone Company				
Signature of Authorized Officer 			Date 5/16/2014	
Printed name of Authorized Officer Bruce Russell				
Title or position of Authorized Officer Chief Operating Officer				
Telephone number of Authorized Officer: (360) 321-0086 ext.				
Study Area Code of Reporting Carrier	522452		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BEAVER CREEK COOP					
Signature of Authorized Officer: Paul Hauer				<small>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@bctelco.com,O=beaver creek coop,l=Oregon City OR 97045, Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Paul Hauer					
Title or position of Authorized Officer: CEO/President					
Telephone number of Authorized Officer: 503-632-6314					
Study Area Code of Reporting Carrier	532359		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CANBY TEL ASSN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Paul Hauer</span></p>				<p>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby tel assn,l=Oregon City OR 97045, Date:5/19/2014</p>	
<p>Date: <span style="color: blue;">5/19/2014</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Paul Hauer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-632-6314</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532362</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLEAR CREEK MUTUAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mitchell Moore</span></p>				<p><small>Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual, Date: 5/7/2014</small></p> <p>Date: <span style="color: blue;">5/7/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mitchell Moore</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-631-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532363</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: COLTON TEL CO					
Signature of Authorized Officer: Steve Krogue				<small>Digitally signed by Steve Krogue DN:cn=Steve Krogue,email=steve@coltontel.com,O=colton tel co,l=Colton OR 97017-0068, Date:5/7/2014</small> Date: 5/7/2014	
Printed name of Authorized Officer: Steve Krogue					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 503-824-3211					
Study Area Code of Reporting Carrier	532364		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EAGLE TEL SYSTEMS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mike Lattin</span></p>				<p>Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle tel systems,l=Richland OR 97870, Date:5/15/2014</p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mike Lattin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">541-893-6111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532369</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CASCADE UTIL INC					
Signature of Authorized Officer: Brooke Wheeler				<small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade util inc,l=Estacada OR 97023, Date:5/20/2014</small> Date: 5/20/2014	
Printed name of Authorized Officer: Brooke Wheeler					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 503-630-8952					
Study Area Code of Reporting Carrier	532371		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

532373

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Gervais Telephone Company**

Signature of Authorized Officer

Date **May 15, 2014**Printed name of Authorized Officer **John Hoffmann**Title or position of Authorized Officer **President/CEO**Telephone number of Authorized Officer: **(503) 792-3611** ext.

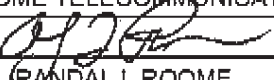
Study Area Code of Reporting Carrier

**532373**Filing Due Date for this form  
(mm/dd/yyyy)**6/16/2014**

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

532375

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>ROOME TELECOMMUNICATIONS INC</b>			
Signature of Authorized Officer 		Date <b>5-7-14</b>	
Printed name of Authorized Officer <b>RANDAL L. ROOME</b>			
Title or position of Authorized Officer <b>PRESIDENT</b>			
Telephone number of Authorized Officer: <b>(541) 369-2211</b> ext.			
Study Area Code of Reporting Carrier	<b>532375</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 102, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>HELIX TEL CO.</b>					
Signature of Authorized Officer: <b>James Smith</b>				<small>Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix tel co.,l=Helix OR 97385, Date:5/9/2014</small> Date: <b>5/9/2014</b>	
Printed name of Authorized Officer: <b>James Smith</b>					
Title or position of Authorized Officer: <b>President</b>					
Telephone number of Authorized Officer: <b>541-457-2385</b>					
Study Area Code of Reporting Carrier	<b>532376</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

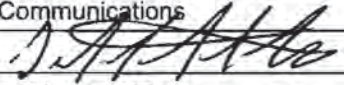
TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MONITOR COOP TEL					
Signature of Authorized Officer: Geri Fraijo				<small>Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor coop tel,lc=, Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer: Geri Fraijo					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 503-634-2266					
Study Area Code of Reporting Carrier	532384		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MONROE TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Donna Dillard</span></p>				<p><small>Digitally signed by Donna Dillard DN:cn=Donna Dillard,email=NECAaffairs@monroetel.com,O=monroe telephone co.,l=Monroe OR 97456, Date:5/8/2014</small></p> <p>Date: <span style="color: blue;">5/8/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Donna Dillard</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary - Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">541-847-5135</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532385</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MT. ANGEL TEL CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Paul Hauer</span></p>				<p>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=mt. angel tel co.,l=Oregon City OR 97045, Date:5/19/2014</p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Paul Hauer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-632-6314</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532386</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

532387

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Nehalem Telecommunications Inc.</b>			
Signature of Authorized Officer 			Date <b>05/19/2014</b>
Printed name of Authorized Officer <b>Michael J. Martell</b>			
Title or position of Authorized Officer <b>Vice-President</b>			
Telephone number of Authorized Officer: <b>(208) 366-2614</b> , ext.			
Study Area Code of Reporting Carrier	<b>532387</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTH STATE TEL CO.					
Signature of Authorized Officer: Delinda Kluser				Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=north state tel co.,l=Mt. Vernon OR 97865-0609, Date:5/15/2014	
Date: 5/15/2014					
Printed name of Authorized Officer: Delinda Kluser					
Title or position of Authorized Officer: Vice President, Manager					
Telephone number of Authorized Officer: 541-932-4411					
Study Area Code of Reporting Carrier	532388		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: OREGON TEL CORP</p>					
<p>Signature of Authorized Officer: Delinda Kluser</p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp,l=Mt. Vernon OR 97865-0609, Date:5/15/2014</p>	
<p>Date: 5/15/2014</p>					
<p>Printed name of Authorized Officer: Delinda Kluser</p>					
<p>Title or position of Authorized Officer: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer: 541-932-4411</p>					
Study Area Code of Reporting Carrier	532389		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OREGON-IDAHO UTIL.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Justin Perez</span></p>				<p>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho util.,l=Nampa ID 83653, Date:5/8/2014</p>	
<p>Date: <span style="color: blue;">5/8/2014</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Justin Perez</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller / Corporate Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-461-7802</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532390</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PEOPLES TEL CO. - OR</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Don Lawrence</span></p>				<p><small>Digitally signed by Don Lawrence DN:cn=Don Lawrence,email=donl@sctcweb.com,O=peoples tel co. - or,l=Stayton OR 97383, Date:5/20/2014</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Don Lawrence</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-769-9057</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532391</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PINE TEL SYSTEM INC.					
Signature of Authorized Officer: Ron Milford				<small>Digitally signed by Ron Milford DN:cn=Ron Milford,email=ronl@pinetel.net,O=pine tel system inc.,l=Halfway OR 97834, Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Ron Milford					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 541-742-2201					
Study Area Code of Reporting Carrier	532392		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PIONEER TEL COOP					
Signature of Authorized Officer: Michael Whalen				<small>Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneer.net,O=pioneer tel coop,i=Philomath OR 97370-0631, Date:5/8/2014</small> Date: 5/8/2014	
Printed name of Authorized Officer: Michael Whalen					
Title or position of Authorized Officer: Assistant Treasurer					
Telephone number of Authorized Officer: 541-929-8256					
Study Area Code of Reporting Carrier	532393		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ST PAUL COOP ASSN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Nick Schneider</span></p>				<p><small>Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st paul coop assn,l=St. Paul OR 97137, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Nick Schneider</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-633-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532396</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SCIO MUTUAL TEL ASSN</p>					
<p>Signature of Authorized Officer: Thomas Barth</p>				<p>Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tbarth@smt-net.com,O=scio mutual tel assn, Date:5/7/2014</p>	
<p>Date: 5/7/2014</p>					
<p>Printed name of Authorized Officer: Thomas Barth</p>					
<p>Title or position of Authorized Officer: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer: 503-394-3366</p>					
Study Area Code of Reporting Carrier	532397		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: STAYTON COOP TEL CO					
Signature of Authorized Officer: Don Lawrence				<small>Digitally signed by Don Lawrence DN:cn=Don Lawrence,email=donl@sctcweb.com,O=stayton coop tel co,l=Stayton OR 97383, Date:5/20/2014</small> Date: 5/20/2014	
Printed name of Authorized Officer: Don Lawrence					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 503-769-9057					
Study Area Code of Reporting Carrier	532399		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OREGON TEL CORP-MTE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Delinda Kluser</span></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte,l=Mt. Vernon OR 97865-0609, Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Delinda Kluser</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President, Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">541-932-4411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">533336</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

542301

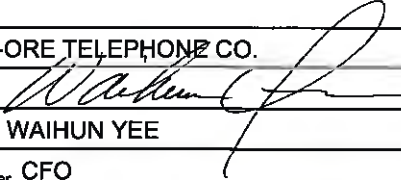
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Calaveras Telephone Company</u>				
Signature of Authorized Officer <u>[Signature]</u>				Date <u>5/20/2014</u>
Printed name of Authorized Officer <u>Louis Cherniss</u>				
Title or position of Authorized Officer <u>Chief Financial Officer</u>				
Telephone number of Authorized Officer: <u>(209) 785-2211</u> , ext. _____				
Study Area Code of Reporting Carrier	<u>542301</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				CAL-ORE TELEPHONE CO.	
Signature of Authorized Officer					
Date			05/16/14		
Printed name of Authorized Officer				WAIHUN YEE	
Title or position of Authorized Officer				CFO	
Telephone number of Authorized Officer: (530) 397-2311, ext.					
Study Area Code of Reporting Carrier		542311		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2014	


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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DUCOR TELEPHONE CO					
Signature of Authorized Officer: Eric Wolfe				Digitally signed by Eric Wolfe DN:cn=Eric Wolfe,email=egwolfe@ducortelco.com,O=ducor telephone co,l=Bakersfield CA 93384-2230, Date:5/14/2014	
Date: 5/14/2014					
Printed name of Authorized Officer: Eric Wolfe					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 661-834-7700					
Study Area Code of Reporting Carrier	542313		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

542318


TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Foresthill Telephone Co (dba Sebastian)			
Signature of Authorized Officer 			Date 5/16/14
Printed name of Authorized Officer Rhonda Armstrong			
Title or position of Authorized Officer Vice President			
Telephone number of Authorized Officer: (530) 367-7780 ext.			
Study Area Code of Reporting Carrier	542318	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



542324

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Kerman Telephone Co (dba Sebastian)			
Signature of Authorized Officer 			Date 5/16/14
Printed name of Authorized Officer Rhonda Armstrong			
Title or position of Authorized Officer Vice President			
Telephone number of Authorized Officer: (559) 846-7861, ext.			
Study Area Code of Reporting Carrier	542324	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>THE PONDEROSA TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Kristann Mattes</b></p>				<p><small>Digitally signed by Kristann Mattes DN:cn=Kristann Mattes,email=kristism@ponderosatel.com,O=the ponderosa tel co,l=O'Neals CA 93645, Date:5/19/2014</small></p>	
<p>Date:      <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer:      <b>Kristann Mattes</b></p>					
<p>Title or position of Authorized Officer:      <b>President</b></p>					
<p>Telephone number of Authorized Officer:      <b>559-868-6346</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542332</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

542338

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Sierra Telephone Company, Inc.</b>			
Signature of Authorized Officer <i>Cindy A. Huber</i>			Date <i>May 8, 2014</i>
Printed name of Authorized Officer <b>Cindy A. Huber</b>			
Title or position of Authorized Officer <b>Vice President Operations</b>			
Telephone number of Authorized Officer. ( 559)683-4611, ext.			
Study Area Code of Reporting Carrier	<b>542338</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

542339

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Siskiyou Telephone Company			
Signature of Authorized Officer <i>James T. Lowers</i>			Date 05/14/2014
Printed name of Authorized Officer James T. Lowers			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (530) 467-6171 ext.			
Study Area Code of Reporting Carrier	542339	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINNACLES TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Steven Bryan</span></p>				<p><small>Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles tel co,l= , Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Steven Bryan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">831-389-4500</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542346</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FILER MUTUAL TEL -NV</b></p>					
<p>Signature of Authorized Officer: <b>Steve Cowger</b></p>				<p>Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -nv,l=Filer ID 83328, Date:5/9/2014</p>	
<p>Date: <b>5/9/2014</b></p>					
<p>Printed name of Authorized Officer: <b>Steve Cowger</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>208-326-4339</b></p>					
Study Area Code of Reporting Carrier	<b>552220</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Rural Telephone Company - NV			
Signature of Authorized Officer 			Date 05/19/2014
Printed name of Authorized Officer Michael J. Martell			
Title or position of Authorized Officer Vice-President			
Telephone number of Authorized Officer: (208) 366-2614 ext.			
Study Area Code of Reporting Carrier	552233	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Beehive Telephone Co., Inc., Nevada</b>			
Signature of Authorized Officer 			Date <b>05/19/2014</b>
Printed name of Authorized Officer <b>Jacob Warner</b>			
Title or position of Authorized Officer <b>President/General Manager</b>			
Telephone number of Authorized Officer: (     )     -     ext.			
Study Area Code of Reporting Carrier	<b>552284</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHURCHILL-CC COMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Feest</span></p>				<p><small>Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@corp.ccomm.net,O=churchill-cc comm.,l=Fallon NV 89407, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Feest</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">775-423-7654</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552349</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLN CTY TEL SYS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Christian, III</span></p>				<p><small>Digitally signed by John Christian, III DN: cn=John Christian, III, email=sixgun@lcturbonet.com, O=lincoln cty tel sys, l=Pluche NV 89043, Date: 5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Christian, III</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">775-962-5131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552351</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RIO VIRGIN TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Brooke Wheeler</b></p>				<p>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin tel co,l=Estacada OR 97023, Date:5/20/2014</p> <p>Date: <b>5/20/2014</b></p>	
<p>Printed name of Authorized Officer: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-630-8952</b></p>					
Study Area Code of Reporting Carrier	<b>552356</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HUMBOLDT TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Justin Perez</span></p>				<p><small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt tel co,l=Nampa ID 83653, Date:5/8/2014</small></p> <p>Date: <span style="color: blue;">5/8/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Justin Perez</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller / Corporate Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-461-7802</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">553304</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <u>ADAK TEL UTILITY</u></p>					
<p>Signature of Authorized Officer:      <u>Andilea Weaver</u></p>				<p><small>Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak tel utility,l= , Date:5/15/2014</small></p> <p>Date:    <u>5/15/2014</u></p>	
<p>Printed name of Authorized Officer:      <u>Andilea Weaver</u></p>					
<p>Title or position of Authorized Officer:      <u>Vice President/COO</u></p>					
<p>Telephone number of Authorized Officer:      <u>907-222-0844</u></p>					
<p>Study Area Code of Reporting Carrier</p>	<u>610989</u>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<u>6/16/2014</u>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>ADAK TEL UTILITY</b>					
Signature of Authorized Officer: <b>Andilea Weaver</b>				<small>Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak tel utility,l= , Date:12/22/2014</small> Date: <b>12/22/2014</b>	
Printed name of Authorized Officer: <b>Andilea Weaver</b>					
Title or position of Authorized Officer: <b>Vice President/COO</b>					
Telephone number of Authorized Officer: <b>907-222-0844</b>					
Study Area Code of Reporting Carrier	<b>610989</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>1/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARCTIC SLOPE TEL					
Signature of Authorized Officer: Clover McNeil				<small>Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel,lc= , Date:5/7/2014</small> Date: 5/7/2014	
Printed name of Authorized Officer: Clover McNeil					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 907-564-2680					
Study Area Code of Reporting Carrier	613001		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BETTLES TEL CO INC</b></p>					
<p>Signature of Authorized Officer: <b>Michael Garrett</b></p>				<p>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=bettles tel co inc,l=Port Townsend WA 98368, Date:5/12/2014</p>	
<p>Date: <b>5/12/2014</b></p>					
<p>Printed name of Authorized Officer: <b>Michael Garrett</b></p>					
<p>Title or position of Authorized Officer: <b>COO - Executive VP</b></p>					
<p>Telephone number of Authorized Officer: <b>360-385-1733</b></p>					
Study Area Code of Reporting Carrier	<b>613002</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BRISTOL BAY TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Todd Hoppe</span></p>				<p><small>Digitally signed by Todd Hoppe DN:cn=Todd Hoppe,email=manager@bristolbay.com,O=bristol bay tel coop,l=King Salmon AK 99613, Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Todd Hoppe</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-246-3403</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613003</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BUSH-TEL INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">W. DeVore</span></p>				<p><small>Digitally signed by W. DeVore DN:cn=W. DeVore,email=doug.devore@mscon.com,O=bush-tel inc.,l=Aniak AK 99557-1009, Date:5/20/2014</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">W. DeVore</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP/Assist. Gen. Mgr.</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-675-4311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613004</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CIRCLE TEL &amp; ELEC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Masephol</span></p>				<p><small>Digitally signed by David Masephol DN: cn=David Masephol, email=damasephol@gmail.com, O=circle tel &amp; elec, l=Circle AK 99733, Date: 5/7/2014</small></p> <p>Date: <span style="color: blue;">5/7/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Masephol</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Member Owner</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-773-5500</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613005</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COPPER VALLEY TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Pamla Murphy</span></p>				<p><small>Digitally signed by Pamla Murphy DN:cn=Pamla Murphy,email=pmurphy@cvtc.org,O=copper valley tel,l=Valdez AK 99686, Date:5/8/2014</small></p> <p>Date: <span style="color: blue;">5/8/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Pamla Murphy</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-835-2231</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613006</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

613007

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Cordova Telephone Telephone Cooperative, Inc.</b>			
Signature of Authorized Officer <i>Paul Kelly</i>			Date <b>05/15/2014</b>
Printed name of Authorized Officer <b>Paul Kelly</b>			
Title or position of Authorized Officer <b>General Manager/ CEO</b>			
Telephone number of Authorized Officer: <b>(907) 424-2345</b> ext.			
Study Area Code of Reporting Carrier	<b>613007</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INTERIOR TEL CO INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Brenda Shepard</span></p>				<p>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=bshepard@telalaska.com,O=interior tel co inc, Date:5/19/2014</p>	
<p>Date: <span style="color: blue;">5/19/2014</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Brenda Shepard</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-563-2003</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613011</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KETCHIKAN PUBLIC UT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dan Lindgren</span></p>				<p><small>Digitally signed by Dan Lindgren DN:cn=Dan Lindgren,email=danl@city.ketchikan.ak.us,O=ketchikan public ut, Date: 5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dan Lindgren</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Assistant KPU Telecommunications Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-228-5439</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613013</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

613015

## TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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>Matanuska Tel Assoc</u>			
Signature of Authorized Officer <u>Wanda Tankersley</u>		Date <u>05/19/2014</u>	
Printed name of Authorized Officer <u>Wanda Tankersley</u>			
Title or position of Authorized Officer <u>Chief Financial Officer</u>			
Telephone number of Authorized Officer: <u>(907) 761-2654</u> ext.			
Study Area Code of Reporting Carrier	<u>613015</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MUKLUK TEL CO INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Brenda Shepard</span></p>				<p><small>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=bshepard@telalaska.com,O=mukluk tel co inc,l= , Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Brenda Shepard</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-563-2003</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613016</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALASKA TEL CO					
Signature of Authorized Officer: Michael Garrett				<small>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=alaska tel co,l=Port Townsend WA 98368, Date:5/12/2014</small> Date: 5/12/2014	
Printed name of Authorized Officer: Michael Garrett					
Title or position of Authorized Officer: COO - Executive VP					
Telephone number of Authorized Officer: 360-385-1733					
Study Area Code of Reporting Carrier	613017		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NUSHAGAK ELEC & TEL					
Signature of Authorized Officer: Michael Megli				<small>Digitally signed by Michael Megli DN:cn=Michael Megli,email=mmegli@nushagak.coop,O=nushagak elec &amp; tel,l=Dillingham AK 99576, Date:5/12/2014</small> Date: 5/12/2014	
Printed name of Authorized Officer: Michael Megli					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 907-842-5251					
Study Area Code of Reporting Carrier	613018		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OTZ TEL COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Doug Neal</b></p>				<p>Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz tel cooperative,l=Kotzebue AK 99752, Date:5/13/2014</p>	
<p>Date: <b>5/13/2014</b></p>					
<p>Printed name of Authorized Officer: <b>Doug Neal</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>907-442-1000</b></p>					
Study Area Code of Reporting Carrier	<b>613019</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">YUKON TEL CO INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Paula Eller</span></p>				<p><small>Digitally signed by Paula Eller DN:cn=Paula Eller,email=paula@yukontel.com,O=yukon tel co inc,l= , Date:5/14/1420</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Paula Eller</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-745-5363</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613025</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTH COUNTRY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Michael Garrett</span></p>				<p><small>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=north country tel co,l=Port Townsend WA 98368, Date:5/12/2014</small></p> <p>Date: <span style="color: blue;">5/12/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Michael Garrett</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">COO - Executive VP</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">360-385-1733</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613026</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



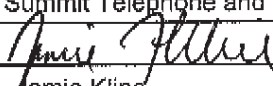
TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier The Summit Telephone and Telegraph Co. of Alaska

Signature of Authorized Officer



Date 05/16/2014

Printed name of Authorized Officer

Jamie Kline

Title or position of Authorized Officer

Secretary Treasurer

Telephone number of Authorized Officer: (907) 389-1012 ext.

Study Area Code of Reporting Carrier

613028

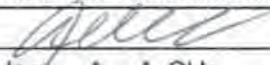
Filing Due Date for this form  
(mm/dd/yyyy)

6/16/2014

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

623021

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Sandwich Isles Communications, Inc.</b>			
Signature of Authorized Officer 			Date <b>5/9/14</b>
Printed name of Authorized Officer <b>Janeen-Ann A. Olds</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(808) 524-8400</b> ext.			
Study Area Code of Reporting Carrier	<b>623021</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>TELEGUAM HOLDINGS</b>					
Signature of Authorized Officer: <b>John Brady</b>				<small>Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,lc= , Date:5/7/2014</small> Date: <b>5/7/2014</b>	
Printed name of Authorized Officer: <b>John Brady</b>					
Title or position of Authorized Officer: <b>CFO</b>					
Telephone number of Authorized Officer: <b>671-644-0013</b>					
Study Area Code of Reporting Carrier	<b>663800</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

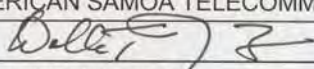
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **AMERICAN SAMOA TELECOMM. AUTHORITY**

Signature of Authorized Officer



Date **05/20/2014**

Printed name of Authorized Officer **BILL EMMSLEY**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer: **(684) 699-1121**, ext.

Study Area Code of Reporting Carrier

**673900**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier See Attached List				
Signature of Authorized Officer <i>Michael T Skrivan</i>				Date 5/15/14
Printed name of Authorized Officer <i>Mike T. Skrivan Michael T Skrivan</i>				
Title or position of Authorized Officer VP, Regulatory				
Telephone number of Authorized Officer: (207) 535-4150, ext. _____				
Study Area Code of Reporting Carrier	see attached list		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



## FairPoint Company Listing

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: C-R TEL CO					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=c-r tel co,l= , Date:11/9/2014</small> Date: 11/9/2014	
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	341009		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: ODIN TEL EXCH INC					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=odin tel exch inc, Date:11/9/2014</small> Date: 11/9/2014	
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	341065		Filing Due Date for this form (mm/dd/yyyy)	11/14/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ORWELL TEL CO					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=orwell tel co,lc=, Date:12/19/2014</small> Date: 12/19/2014	
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	300649		Filing Due Date for this form (mm/dd/yyyy)	1/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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

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

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

Signature of Authorized Officer

*Kevin G. Hess*

Date 05/16/2014

Printed name of Authorized Officer Kevin G. Hess

Title or position of Authorized Officer Executive Vice President

Telephone number or Authorized Officer. (608)664-4160 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**See TDS  
TELECOM  
ILEC Listing  
Below**

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

06/16/2014

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

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

ATTACHMENT 1

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

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

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

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

Signature of Authorized Officer

*Kevin G. Hess*

Date 09/17/2014

Printed name of Authorized Officer Kevin G. Hess

Title or position of Authorized Officer Executive Vice President

Telephone number or Authorized Officer. (608)664-4160 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**See TDS  
TELECOM  
ILEC Listing  
Below**

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

September  
2014

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

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

**ATTACHMENT 2**

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

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

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

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

Signature of Authorized Officer

*Kevin G. Hess*

Date 11/05/2014

Printed name of Authorized Officer Kevin G. Hess

Title or position of Authorized Officer Executive Vice President

Telephone number or Authorized Officer. (608)664-4160 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**See TDS  
TELECOM  
ILEC Listing  
Below**

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

November  
2014

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

250311-Oakman Telephone Co., Inc.

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

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

Name of Reporting Carrier		<b>See TDS Telecom ILEC Listing Below</b>	
Signature of Authorized Officer		Date 5/1/2015	
Printed name of Authorized Officer		Kevin G. Hess	
Title or position of Authorized Officer		Executive Vice President	
Telephone number or Authorized Officer.		(608)664-4160 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>	Filing Due Date for this form (mm/dd/yyyy)	May 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.			

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