

VOLUME 1

APPENDIX F Exhibit 3

CARRIER CERTIFICATIONS Accuracy of CAF ICC Data

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: OXFORD WEST TEL CO

Signature of Authorized Officer: Dawna Hannan

Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford west tel co,l=Lewiston ME 04240, Date:5/20/2015

Date: 5/20/2015

Printed name of Authorized Officer: Dawna Hannan

Title or position of Authorized Officer: Director Regulatory Affairs

Telephone number of Authorized Officer: 207-333-3455

Study Area Code of Reporting Carrier

100002

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				LincolNville Networks, Inc.	
Signature of Authorized Officer			<i>Shirley P. Manning</i>		Date
Printed name of Authorized Officer			Shirley P Manning		05/21/15
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer: (202) 563-9911, ext.					
Study Area Code of Reporting Carrier	100003	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: OXFORD COUNTY TEL

Signature of Authorized Officer: Dawna Hannan

Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford county tel,l=Lewiston ME 04240, Date:5/20/2015

Date: 5/20/2015

Printed name of Authorized Officer: Dawna Hannan

Title or position of Authorized Officer: Director Regulatory Affairs

Telephone number of Authorized Officer: 207-333-3455

Study Area Code of Reporting Carrier

100019

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **PINE TREE TEL LLC**

Signature of Authorized Officer: **Dennis Andrews**

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=pine tree tel llc,= , Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Dennis Andrews**

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

Telephone number of Authorized Officer: **256-586-1420**

Study Area Code of Reporting Carrier

100020

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Union River Telephone Company			
Signature of Authorized Officer <i>William S. Silsby, Jr.</i>			Date 05/26/15
Printed name of Authorized Officer William S. Silsby, Jr.			
Title or position of Authorized Officer President/General Manager			
Telephone number of Authorized Officer: (207) 584-9911 ext.			
Study Area Code of Reporting Carrier	100027	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **UNITEL, INC.**

Signature of Authorized Officer: **Laurie Osgood**

Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@uninets.net,O=unitel, inc.,I=Unity ME 04988-0165, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer: **Laurie Osgood**

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

Telephone number of Authorized Officer: **207-948-9952**

Study Area Code of Reporting Carrier

100029

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: MID-MAINE TELECOM					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom, = , Date:5/20/2015</small>	
Date: 5/20/2015					
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	103315		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: GRANBY TEL LLC					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=granby tel llc, Date:5/20/2015</small>	
Date: 5/20/2015					
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	110036		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: RICHMOND TEL CO

Signature of Authorized Officer: Richard Drake Jr.

Digitally signed by Richard Drake Jr. DN:cn=Richard Drake Jr.,email=rdrake@cstel.com,O=richmond tel co,l=Troy NY 12180, Date:5/22/2015

Date: 5/22/2015

Printed name of Authorized Officer: Richard Drake Jr.

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 518-328-0336

Study Area Code of Reporting Carrier

110037

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Bretton Woods Telephone Company, Inc.	
Signature of Authorized Officer			Date		
			05/19/2015		
Printed name of Authorized Officer					
Art Nicholson					
Title or position of Authorized Officer					
V.P. Operations					
Telephone number of Authorized Officer: (603) 278-9911 ext.					
Study Area Code of Reporting Carrier		120038	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GRANITE STATE TEL**

Signature of Authorized Officer: **Susan King**

Digitally signed by Susan King DN:cn=Susan King,email=srand@gstnetworks.com,O=granite state tel,l=Weare NH 03281, Date:5/23/2015

Date: **5/23/2015**

Printed name of Authorized Officer: **Susan King**

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

Telephone number of Authorized Officer: **603-529-9941**

Study Area Code of Reporting Carrier

120039

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Ann Walsh**

Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co,l= , Date:5/27/2015

Date: **5/27/2015**

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

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

Telephone number of Authorized Officer: **781-402-1731**

Study Area Code of Reporting Carrier

120042

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: DUNBARTON TEL CO					
Signature of Authorized Officer: David Montgomery				Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: David Montgomery					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 603-774-9911					
Study Area Code of Reporting Carrier	120043		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FRANKLIN TEL CO - VT**

Signature of Authorized Officer: **Kimberly Gates Maynard**

Digitally signed by Kimberly Gates Maynard
 DN:cn=Kimberly Gates
 Maynard,email=ftc@franklinvt.net,O=franklin tel co -
 vt,l=Franklin VT 05457, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Kimberly Gates Maynard**

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

Telephone number of Authorized Officer: **802-285-9911**

Study Area Code of Reporting Carrier

140053

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

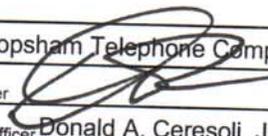
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SHOREHAM TEL.					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=shoreham tel.,l=, Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	140064		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Topsham Telephone Company, Inc.

Signature of Authorized Officer 

Date

5/22/2015

Printed name of Authorized Officer Donald A. Ceresoli, Jr.

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (315) 324-5911 ext.

Study Area Code of Reporting Carrier

140068

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WAITSFIELD/FAYSTON**

Signature of Authorized Officer: **Roger Nishi**

Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvt.com,O=waitsfield/fayston,I=Waitsfield VT 05673, Date:5/26/2015

Date: **5/26/2015**

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

Title or position of Authorized Officer: **Vice President - Industry Relations**

Telephone number of Authorized Officer: **802-496-8336**

Study Area Code of Reporting Carrier

140069

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Vermont Telephone Co., Inc.**

Signature of Authorized Officer *Fran Stocker*

Date **05/27/2015**

Printed name of Authorized Officer **Fran Stocker**

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

Telephone number of Authorized Officer: **(802) 885-9000** ext.

Study Area Code of Reporting Carrier **147332**

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: ARMSTRONG TEL CO-NY					
Signature of Authorized Officer: James Ranko				Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-ny,l=, Date:5/19/2015	
Date: 5/19/2015					
Printed name of Authorized Officer: James Ranko					
Title or position of Authorized Officer: Director of Regulatory Compliance					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	150071		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CASSADAGA TEL CORP

Signature of Authorized Officer: Mark Maytum

Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=cassadaga tel corp,l=Fredonia NY 14063-0209, Date:5/26/2015

Date: 5/26/2015

Printed name of Authorized Officer: Mark Maytum

Title or position of Authorized Officer: President, COO

Telephone number of Authorized Officer: 716-673-3016

Study Area Code of Reporting Carrier

150076

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Mark Webster**

Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel co,lc=Champlain NY 12919, Date:5/18/2015

Date: **5/18/2015**

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

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

Telephone number of Authorized Officer: **518-298-2480**

Study Area Code of Reporting Carrier

150077

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				CHAZY AND WESTPORT TELEPHONE CORPORATION	
Signature of Authorized Officer			Date		
<i>James P. Forcier</i>			5/18/2015		
Printed name of Authorized Officer					
JAMES P. FORCIER					
Title or position of Authorized Officer					
PRESIDENT					
Telephone number of Authorized Officer: (518) 962-8211 ext.					
Study Area Code of Reporting Carrier		150079		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				Citizens Telephone Company of Hammond, NY, Inc.	
Signature of Authorized Officer			Date		
Printed name of Authorized Officer			Donald A. Ceresoli, Jr.		
Title or position of Authorized Officer			President		
Telephone number of Authorized Officer: (315) 324-5911 ext.					
Study Area Code of Reporting Carrier		150081	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CROWN POINT TEL CORP**

Signature of Authorized Officer: **Shana Macey**

Digitally signed by Shana Macey DN:cn=Shana Macey,email=shana.macey@cptelco.net,O=crown point tel corp,l=Crown Point NY 12928, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer: **Shana Macey**

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

Telephone number of Authorized Officer: **518-597-3300**

Study Area Code of Reporting Carrier

150085

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Jason Miller**

Digitally signed by Jason Miller DN:cn=Jason Miller,email=jason@delhitel.com,O=delhi tel co,l=Delhi NY 13753, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer: **Jason Miller**

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

Telephone number of Authorized Officer: **607-746-1524**

Study Area Code of Reporting Carrier

150088

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **DUNKIRK & FREDONIA**

Signature of Authorized Officer: **Mark Maytum**

Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=dunkirk & fredonia,l=Fredonia NY 14063-0209, Date:5/26/2015

Date: **5/26/2015**

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

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

Telephone number of Authorized Officer: **716-673-3016**

Study Area Code of Reporting Carrier

150091

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **EMPIRE TEL CORP**

Signature of Authorized Officer: **Tom Prestigiacom**

Digitally signed by Tom Prestigiacom DN:cn=Tom Prestigiacom,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer: **Tom Prestigiacom**

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

Telephone number of Authorized Officer: **607-522-4237**

Study Area Code of Reporting Carrier

150093

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FISHERS ISLAND TEL**

Signature of Authorized Officer:

J. Finan

Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=fishers island tel, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer: **J. Finan**

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

Telephone number of Authorized Officer: **631-788-7251**

Study Area Code of Reporting Carrier

150095

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Bruce Bohnsack**

Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel co,l=Germantown NY 12526, Date:5/15/2015

Date: **5/15/2015**

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

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

Telephone number of Authorized Officer: **518-537-4835**

Study Area Code of Reporting Carrier

150097

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HANCOCK TEL CO					
Signature of Authorized Officer: Robert Wrighter, Jr				<small>Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjr@hancocktelephone.com,O=hancock tel co,l=Hancock NY 13783, Date:5/22/2015</small>	
Date: 5/22/2015					
Printed name of Authorized Officer: Robert Wrighter, Jr					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 607-637-9912					
Study Area Code of Reporting Carrier	150099		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Glen Faulkner**

Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel co,l=Margaretville NY 12455, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer: **Glen Faulkner**

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

Telephone number of Authorized Officer: **845-586-3311**

Study Area Code of Reporting Carrier

150104

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MIDDLEBURGH TEL CO

Signature of Authorized Officer: Marjorie Becker

Digitally signed by Marjorie Becker DN:cn=Marjorie Becker, email=info@midtel.net, O=middleburgh tel co, l=Middleburgh NY 12122-0191, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer: Marjorie Becker

Title or position of Authorized Officer: CEO & General Manager

Telephone number of Authorized Officer: 518-827-5211

Study Area Code of Reporting Carrier

150105

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: NEWPORT TEL CO					
Signature of Authorized Officer: Joseph Tomaino				<small>Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel co,l=Newport NY 13416, Date:5/15/2015</small>	
Date: 5/15/2015					
Printed name of Authorized Officer: Joseph Tomaino					
Title or position of Authorized Officer: Vice President of Operations					
Telephone number of Authorized Officer: 315-845-8112					
Study Area Code of Reporting Carrier	150107		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: NICHOLVILLE TEL CO

Signature of Authorized Officer: Jeffrey McGrath

Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slc.com,O=nicholville tel co,l=Nicholville NY 12965, Date:5/22/2015

Date: 5/22/2015

Printed name of Authorized Officer: Jeffrey McGrath

Title or position of Authorized Officer: Vice President/CIO

Telephone number of Authorized Officer: 315-328-5333

Study Area Code of Reporting Carrier

150108

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ONEIDA COUNTY RURAL

Signature of Authorized Officer: **Thomas Ellis**

Digitally signed by Thomas Ellis DN:cn=Thomas Ellis,email=tellis@northlandcom.com,O=oneida county rural, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer: Thomas Ellis

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 315-624-2000

Study Area Code of Reporting Carrier

150111

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ONTARIO TEL CO, INC.**

Signature of Authorized Officer: **Sean Socha**

Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=ontario tel co, inc.,l= , Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer: **Sean Socha**

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

Telephone number of Authorized Officer: **585-433-6666**

Study Area Code of Reporting Carrier

150112

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: PATTERSONVILLE TEL					
Signature of Authorized Officer: Tammy Krisher				Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel,l=Rotterdam Junc NY 12150, Date:5/21/2015	
Date: 5/21/2015					
Printed name of Authorized Officer: Tammy Krisher					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 518-887-2121					
Study Area Code of Reporting Carrier	150116		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: STATE TEL CO					
Signature of Authorized Officer: Mark Evans				<small>Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel co,l= , Date:5/19/2015</small>	
Date: 5/19/2015					
Printed name of Authorized Officer: Mark Evans					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 518-731-6128					
Study Area Code of Reporting Carrier	150125		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: TRUMANSBURG TEL CO.					
Signature of Authorized Officer: Sean Socha				<small>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=trumansburg tel co.,l= , Date:5/22/2015</small> Date: 5/22/2015	
Printed name of Authorized Officer: Sean Socha					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 585-433-6666					
Study Area Code of Reporting Carrier	150131		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported	
<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	Alteva of Warwick, LLC
Signature of Authorized Officer	 Date 5/29/15
Printed name of Authorized Officer	Brian Callahan
Title or position of Authorized Officer	Executive Vice President, CFO
Telephone number of Authorized Officer: () ext.	(267) 234-7408
Study Area Code of Reporting Carrier	150135
	Filing Due Date for this form (mm/dd/yyyy) 6-16-2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>	

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	
Name of Reporting Carrier	A Heva of Warwick, LLC
Signature of Authorized Officer	 Date 3/26/15
Printed name of Authorized Officer	Brian Callahan
Title or position of Authorized Officer	Executive Vice President, CFO
Telephone number of Authorized Officer:	() ext. (267) 234-7408
Study Area Code of Reporting Carrier	160135 Filing Due Date for this form (mm/dd/yyyy) 6-16-15
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Citizens Telephone Company of Kecksburg			
Signature of Authorized Officer <i>Dennis K. Cutrell</i>			Date 5/27/2015
Printed name of Authorized Officer Dennis K. Cutrell			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (724) 424-4444 , ext.			
Study Area Code of Reporting Carrier	170156	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HICKORY TEL CO

Signature of Authorized Officer: **Grier Adamson**

Digitally signed by Grier Adamson DN:cn=Grier Adamson,email=grier@hky.com,O=hickory tel co,l= , Date:5/19/2015

Date: 5/19/2015

Printed name of Authorized Officer: Grier Adamson

Title or position of Authorized Officer: CEO/Treasurer

Telephone number of Authorized Officer: 724-356-2211

Study Area Code of Reporting Carrier

170171

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LACKAWAXEN TELECOM**

Signature of Authorized Officer: **Deborah Szmyd**

Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=deborah.szmyd@ltis.net,O=lackawaxen telecom,l=Rowland PA 18457, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer: **Deborah Szmyd**

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

Telephone number of Authorized Officer: **570-685-1096**

Study Area Code of Reporting Carrier

170177

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: LAUREL HIGHLAND TEL					
Signature of Authorized Officer: James Kail				<small>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtot.com,O=laurel highland tel,l=Stahlstown PA 15687-0168, Date:5/18/2015</small>	
Date: 5/18/2015					
Printed name of Authorized Officer: James Kail					
Title or position of Authorized Officer: CEO & President					
Telephone number of Authorized Officer: 724-593-2411					
Study Area Code of Reporting Carrier	170179		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ARMSTRONG TEL CO-PA**

Signature of Authorized Officer: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-pa,lf=, Date:5/19/2015

Date: **5/19/2015**

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

Title or position of Authorized Officer: **Director of Regulatory Compliance**

Telephone number of Authorized Officer: **724-283-0925**

Study Area Code of Reporting Carrier

170189

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: NORTH-EASTERN PA TEL					
Signature of Authorized Officer: Thomas Mendicino				<small>Digitally signed by Thomas Mendicino DN:cn=Thomas Mendicino,email=tommendo@nep.net,O=north-eastern pa tel,l=Forest City PA 18421, Date:5/20/2015</small>	
Date: 5/20/2015					
Printed name of Authorized Officer: Thomas Mendicino					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 570-785-2210					
Study Area Code of Reporting Carrier	170191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NORTH PENN TEL CO**

Signature of Authorized Officer: **Tom Prestigiacom**

Digitally signed by Tom Prestigiacom DN:cn=Tom Prestigiacom,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer: **Tom Prestigiacom**

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

Telephone number of Authorized Officer: **607-522-4237**

Study Area Code of Reporting Carrier

170192

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ARMSTRONG TEL NORTH**

Signature of Authorized Officer: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel north,lc=US, Date:5/19/2015

Date: **5/19/2015**

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

Title or position of Authorized Officer: **Director of Regulatory Compliance**

Telephone number of Authorized Officer: **724-283-0925**

Study Area Code of Reporting Carrier

170195

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: PALMERTON TEL CO					
Signature of Authorized Officer: Thomas Lager				<small>Digitally signed by Thomas Lager DN:cn=Thomas Lager,email=tlager@ptelco.com,O=palmerton tel co,l=Palmerton PA 18071, Date:5/20/2015</small>	
Date: 5/20/2015					
Printed name of Authorized Officer: Thomas Lager					
Title or position of Authorized Officer: Vice President of Operations					
Telephone number of Authorized Officer: 610-826-9272					
Study Area Code of Reporting Carrier	170196		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Pennsylvania Telephone Company	
Signature of Authorized Officer			Date		05/26/15
Printed name of Authorized Officer			Mary E. Davis		
Title or position of Authorized Officer			Vice President		
Telephone number of Authorized Officer			570-745-7101 ext.		
Study Area Code of Reporting Carrier		170197	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PYMATUNING IND TEL

Signature of Authorized Officer: Deborah Nobles

Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=pymatuning ind tel,l=Macclenny FL 32063-0485, Date:5/22/2015

Date: 5/22/2015

Printed name of Authorized Officer: Deborah Nobles

Title or position of Authorized Officer: VP of Regulatory Affairs

Telephone number of Authorized Officer: 904-259-0029

Study Area Code of Reporting Carrier

170200

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SOUTH CANAAN TEL CO**

Signature of Authorized Officer: **James Kail**

Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtot.com,O=south canaan tel co,l=Stahlstown PA 15687-0168, Date:5/18/2015

Date: **5/18/2015**

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

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

Telephone number of Authorized Officer: **724-593-2411**

Study Area Code of Reporting Carrier

170205

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **VENUS TEL CORP**

Signature of Authorized Officer: **Janice Kline**

Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel corp,I=Venus PA 16364, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Janice Kline**

Title or position of Authorized Officer: **General Manager and Asst. Sec/Treas.**

Telephone number of Authorized Officer: **814-354-6400**

Study Area Code of Reporting Carrier

170210

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: YUKON - WALTZ TEL CO

Signature of Authorized Officer: **James Kail**

Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtot.com,O=yukon - waltz tel co,l=Stahlstown PA 15687-0168, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer: James Kail

Title or position of Authorized Officer: CEO & President

Telephone number of Authorized Officer: 724-593-2411

Study Area Code of Reporting Carrier

170215

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WEST SIDE TEL CO-PA**

Signature of Authorized Officer: **John Ludenia**

Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa, Date:5/18/2015

Date: **5/18/2015**

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

Title or position of Authorized Officer: **V.P. Operations, General manager**

Telephone number of Authorized Officer: **304-983-8642**

Study Area Code of Reporting Carrier

170277

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ARMSTRONG TEL OF MD**

Signature of Authorized Officer: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel of md,lf=, Date:5/19/2015

Date: **5/19/2015**

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

Title or position of Authorized Officer: **Director of Regulatory Compliance**

Telephone number of Authorized Officer: **724-283-0925**

Study Area Code of Reporting Carrier

180216

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF 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: Bugge Island Telephone Cooperative			
Signature of Authorized Officer: <i>Jerry Jones</i>			OMB 5-21-15
Printed Name of Authorized Officer: Jerry Jones			
Title or position of Authorized Officer: President			
Telephone Number of Reporting Office: (434) 836-2274 ext.			
State Area Code of Reporting Carrier	190219	Filing Date for this form (mm/dd/yyyy)	6/16/2015
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.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BURKE'S GARDEN TEL**

Signature of Authorized Officer: **Missy Lynch**

Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtdco.net,O=burke's garden tel,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer: **Missy Lynch**

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

Telephone number of Authorized Officer: **276-472-2345**

Study Area Code of Reporting Carrier

190220

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Greg Sapp**

Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel coop,l=Floyd VA 24091-0137, Date:5/15/2015

Date: **5/15/2015**

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

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

Telephone number of Authorized Officer: **540-745-2111**

Study Area Code of Reporting Carrier

190225

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Ruth Newman**

Digitally signed by Ruth Newman DN:cn=Ruth Newman,email=newmanr@htcnet.org,O=highland tel coop,l=Monterey VA 24465, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer: **Ruth Newman**

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

Telephone number of Authorized Officer: **540-468-2131**

Study Area Code of Reporting Carrier

190237

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MGW TEL. CO. INC.**

Signature of Authorized Officer: **Sheri Smith**

Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw tel. co. inc., Date:5/18/2015

Date: **5/18/2015**

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

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

Telephone number of Authorized Officer: **540-925-5235**

Study Area Code of Reporting Carrier

190238

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: NEW HOPE TEL COOP					
Signature of Authorized Officer: Laurie Hensley				Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,I=New Hope VA 24469, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Laurie Hensley					
Title or position of Authorized Officer: Secretary-Treasurer					
Telephone number of Authorized Officer: 540-363-6277					
Study Area Code of Reporting Carrier	190239		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<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 Pembroke Telephone Cooperative			
Signature of Authorized Officer <i>Leon A. Law</i>			Date 05/18/2015
Printed name of Authorized Officer Leon A. Law			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (540) 626-7111 , ext.			
Study Area Code of Reporting Carrier	190243	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SCOTT COUNTY COOP					
Signature of Authorized Officer: Daniel Odom				Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county coop,l=Gate City VA 24251, Date:5/21/2015	
Date: 5/21/2015					
Printed name of Authorized Officer: Daniel Odom					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 276-452-7224					
Study Area Code of Reporting Carrier	190248		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: LUMOS TEL. BOTETOURT					
Signature of Authorized Officer: Mary McDermott				<small>Digitally signed by Mary McDermott DN:cn=Mary McDermott,email=mcdermottm@lumosnet.com,O=lumos tel. botetourt,I=Waynesboro VA 22980, Date:5/22/2015</small>	
Date: 5/22/2015					
Printed name of Authorized Officer: Mary McDermott					
Title or position of Authorized Officer: Senior VP, Legal and Regulatory Affairs					
Telephone number of Authorized Officer: 540-946-8677					
Study Area Code of Reporting Carrier	190249		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: SHENANDOAH TEL CO					
Signature of Authorized Officer: Thomas Reed				<small>Digitally signed by Thomas Reed DN: cn=Thomas Reed, email=thomas.reed@emp.shentel.com, O=shenandoah tel co, l= , Date: 5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Thomas Reed					
Title or position of Authorized Officer: Controller of Financial Reporting					
Telephone number of Authorized Officer: 540-984-5295					
Study Area Code of Reporting Carrier	190250		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: SHENANDOAH - NR					
Signature of Authorized Officer: Thomas Reed				Digitally signed by Thomas Reed DN: cn=Thomas Reed, email=thomas.reed@emp.shentel.com, O=shenandoah - nr, Date: 5/26/2015	
Date: 5/26/2015					
Printed name of Authorized Officer: Thomas Reed					
Title or position of Authorized Officer: Controller of Financial Reporting					
Telephone number of Authorized Officer: 540-984-5295					
Study Area Code of Reporting Carrier	197251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ARMSTRONG OF WV**

Signature of Authorized Officer: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong of wv,l= , Date:5/19/2015

Date: **5/19/2015**

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

Title or position of Authorized Officer: **Director of Regulatory Compliance**

Telephone number of Authorized Officer: **724-283-0925**

Study Area Code of Reporting Carrier

200256

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: SPRUCE KNOB SENECA					
Signature of Authorized Officer: Vickie Colaw				<small>Digitally signed by Vickie Colaw DN:cn=Vickie Colaw,email=vcolaw@spruceknob.net,O=spruce knob seneca,l=Riverton WV 26814-0100, Date:5/21/2015</small>	
Date: 5/21/2015					
Printed name of Authorized Officer: Vickie Colaw					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 304-567-2121					
Study Area Code of Reporting Carrier	200257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WAR TEL LLC**

Signature of Authorized Officer: **Dennis Andrews**

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,lc= , Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Dennis Andrews**

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

Telephone number of Authorized Officer: **256-586-1420**

Study Area Code of Reporting Carrier

200258

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: HARDY TELECOM					
Signature of Authorized Officer: Scott Sherman				Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Scott Sherman					
Title or position of Authorized Officer: General Manager & CEO					
Telephone number of Authorized Officer: 304-897-9911					
Study Area Code of Reporting Carrier	200259		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ARMSTRONG TEL. CO.**

Signature of Authorized Officer: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel. co.,l= , Date:5/19/2015

Date: **5/19/2015**

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

Title or position of Authorized Officer: **Director of Regulatory Compliance**

Telephone number of Authorized Officer: **724-283-0925**

Study Area Code of Reporting Carrier

200267

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WEST SIDE TEL-WV**

Signature of Authorized Officer: **John Ludenia**

Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel-wv,l= , Date:5/18/2015

Date: **5/18/2015**

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

Title or position of Authorized Officer: **V.P. Operations, General manager**

Telephone number of Authorized Officer: **304-983-8642**

Study Area Code of Reporting Carrier

200277

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

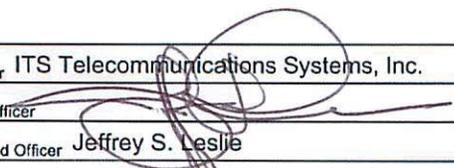
6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier					ITS Telecommunications Systems, Inc.						
Signature of Authorized Officer										Date	5/19/2015
Printed name of Authorized Officer				Jeffrey S. Leslie							
Title or position of Authorized Officer				President/CEO							
Telephone number of Authorized Officer: (772) 597-2104 ext.											
Study Area Code of Reporting Carrier			210331		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015				

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: NORTHEAST FLORIDA					
Signature of Authorized Officer: Deborah Nobles				<small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=northeast florida,l=Macclenny FL 32063-0485, Date:5/22/2015</small>	
Date: 5/22/2015					
Printed name of Authorized Officer: Deborah Nobles					
Title or position of Authorized Officer: VP of Regulatory Affairs					
Telephone number of Authorized Officer: 904-259-0029					
Study Area Code of Reporting Carrier	210335		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
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 Valley Telephone Co., LLC			
Signature of Authorized Officer 			Date 5/19/2015
Printed name of Authorized Officer Bruce Schoonover			
Title or position of Authorized Officer Vice-President Regulatory Compliance			
Telephone number of Authorized Officer: (706) 645-8116 , ext.			
Study Area Code of Reporting Carrier	220324	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Kevin Brooks**

Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel co,l=Alma GA 31510, Date:5/19/2015

Date: **5/19/2015**

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

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

Telephone number of Authorized Officer: **912-632-8603**

Study Area Code of Reporting Carrier

220344

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Donovan Strickland**

Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 31553, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer: **Donovan Strickland**

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

Telephone number of Authorized Officer: **912-462-5111**

Study Area Code of Reporting Carrier

220347

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BULLOCH COUNTY RURAL**

Signature of Authorized Officer: **John Scott**

Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch county rural,l= , Date:5/20/2015

Date: **5/20/2015**

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

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

Telephone number of Authorized Officer: **912-865-1100**

Study Area Code of Reporting Carrier

220348

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

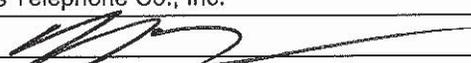
Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Chickamauga Telephone Corporation				
Signature of Authorized Officer <i>Donna F Alexander</i>			Date 05/20/2015	
Printed name of Authorized Officer Donna F Alexander				
Title or position of Authorized Officer Executive Vice President				
Telephone number of Authorized Officer: (601) 764-3463 ext.				
Study Area Code of Reporting Carrier 220354		Filing Due Date for this form (mm/dd/yyyy) 6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,



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

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

Name of Reporting Carrier				Citizens Telephone Co., Inc.	
Signature of Authorized Officer			 Date May 26, 2015		
Printed name of Authorized Officer			Chad Ledger		
Title or position of Authorized Officer			General Manager		
Telephone number of Authorized Officer: (229) 874-4145 ext.					
Study Area Code of Reporting Carrier	220355	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Darien Telephone Company, Inc.			
Signature of Authorized Officer <i>Reginald V. Jackson</i>			Date May 21, 2015
Printed name of Authorized Officer Reginald V. Jackson			
Title or position of Authorized Officer Vice President			
Telephone number of Authorized Officer: (912) 437-4111 , ext.			
Study Area Code of Reporting Carrier	220358	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2015
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Janice O'Brien**

Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@glenwoodtelephone.com,O=glenwood tel co,l=Glenwood GA 30428-0235, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer: **Janice O'Brien**

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

Telephone number of Authorized Officer: **912-523-5111**

Study Area Code of Reporting Carrier

220365

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: HART TEL CO					
Signature of Authorized Officer: Randy Daniel				<small>Digitally signed by Randy Daniel DN:cn=Randy Daniel,email=randy@hartcom.net,O=hart tel co,l=Hartwell GA 30643, Date:5/20/2015</small>	
Date: 5/20/2015					
Printed name of Authorized Officer: Randy Daniel					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 706-376-4701					
Study Area Code of Reporting Carrier	220368		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: COMSOUTH TELECOMM					
Signature of Authorized Officer: Scott Obert-Thorn				<small>Digitally signed by Scott Obert-Thorn DN:cn=Scott Obert-Thorn,email=scott@comsouth.net,O=comsouth telecom,l=Hawkinsville GA 31306, Date:5/20/2015</small>	
Date: 5/20/2015					
Printed name of Authorized Officer: Scott Obert-Thorn					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 478-783-4001					
Study Area Code of Reporting Carrier	220369		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Mary Anna Hite**

Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel co,l=Pembroke GA 31321, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Mary Anna Hite**

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

Telephone number of Authorized Officer: **912-653-4389**

Study Area Code of Reporting Carrier

220376

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

6/16/2015

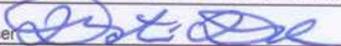
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Pineland Telephone Cooperative, Inc.

Signature of Authorized Officer  Date 5/26/15

Printed name of Authorized Officer Dustin Durden

Title or position of Authorized Officer Executive Vice President

Telephone number of Authorized Officer: (912) 685-2121, ext.

Study Area Code of Reporting Carrier	<u>220377</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</u>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **PLANTERS RURAL COOP**

Signature of Authorized Officer: **John Lacienski**

Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural coop,l=Newington GA 30446, Date:5/19/2015

Date: **5/19/2015**

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

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

Telephone number of Authorized Officer: **912-857-4411**

Study Area Code of Reporting Carrier

220378

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **PLANT TEL. CO.**

Signature of Authorized Officer: **Gordon Duff**

Digitally signed by Gordon Duff DN:cn=Gordon Duff,email=gduff@plantel.net,O=plant tel. co.,l=Tifton GA 31793-0187, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer: **Gordon Duff**

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

Telephone number of Authorized Officer: **229-528-4777**

Study Area Code of Reporting Carrier

220379

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **PROGRESSIVE RURAL**

Signature of Authorized Officer: **Ron Chambers**

Digitally signed by Ron Chambers DN:cn=Ron Chambers,email=ron.chambers@prtc.co,O=progressive rural,l=Rentz GA 31075, Date:5/19/2015

Date: **5/19/2015**

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

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

Telephone number of Authorized Officer: **478-984-4201**

Study Area Code of Reporting Carrier

220380

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Public Service Telephone Company				
Signature of Authorized Officer 				Date 05/22/2015
Printed name of Authorized Officer James L. Bond				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (478) 847-4111 ext.				
Study Area Code of Reporting Carrier	220381	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	

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



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<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 Ringgold Telephone Company			
Signature of Authorized Officer <i>Alice Evitt Bandy</i>			Date 5.21.2015
Printed name of Authorized Officer Alice Evitt Bandy			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (706) 965-1721 ext.			
Study Area Code of Reporting Carrier	220382	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Steven Tatum**

Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel co,l= , Date:5/22/2015

Date: **5/22/2015**

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

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

Telephone number of Authorized Officer: **706-657-4367**

Study Area Code of Reporting Carrier

220389

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WAVERLY HALL, LLC**

Signature of Authorized Officer: **Deborah Rand**

Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall, llc,lc= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer: **Deborah Rand**

Title or position of Authorized Officer: **Vice President Administration & Support**

Telephone number of Authorized Officer: **603-472-9786**

Study Area Code of Reporting Carrier

220392

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WILKES TEL & ELC CO**

Signature of Authorized Officer: **April Dyson**

Digitally signed by April Dyson DN:cn=April Dyson,email=aprilwtec@nu-z.net,O=wilkes tel & elc co,l=Washington GA 30673, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer: **April Dyson**

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

Telephone number of Authorized Officer: **706-678-9527**

Study Area Code of Reporting Carrier

220394

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: ELLERBE TEL CO					
Signature of Authorized Officer: Dan Bennett				Digitally signed by Dan Bennett DN:cn=Dan Bennett,email=dbennett@ellerbetelephone.net,O=ellerbe tel co,l=Ellerbe NC 28338-0220, Date:5/27/2015	
Date: 5/27/2015					
Printed name of Authorized Officer: Dan Bennett					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 910-652-2221					
Study Area Code of Reporting Carrier	230478		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 Telephone Company dba North State Communications			
Signature of Authorized Officer <i>Lynn B. Welborn</i>			Date 5/26/2015
Printed name of Authorized Officer Lynn B. Welborn			
Title or position of Authorized Officer Vice President & Chief Administrative Officer			
Telephone number of Authorized Officer: (336) 886-3766 ext.			
Study Area Code of Reporting Carrier	230491	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
<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 Town of Pineville dba Pineville Telephone Company				
Signature of Authorized Officer <i>Gary W. Creech</i>				Date 5/26/15
Printed name of Authorized Officer Gary W. Creech				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (704) 889-2001, ext.				
Study Area Code of Reporting Carrier	230494	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Randolph Telephone Membership Corporation				
Signature of Authorized Officer <i>Frankie L Cagle</i>				Date 05/15/2015
Printed name of Authorized Officer Frankie L Cagle				
Title or position of Authorized Officer General Manager / CEO				
Telephone number of Authorized Officer: (336) 879-5684 ext.				
Study Area Code of Reporting Carrier	230496		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SURRY MEMBERSHIP**

Signature of Authorized Officer: **Curtis Taylor**

Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,I=Dobson NC 27017, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Curtis Taylor**

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

Telephone number of Authorized Officer: **336-374-4535**

Study Area Code of Reporting Carrier

230497

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **STAR MEMBERSHIP CORP**

Signature of Authorized Officer: **Lyman Horne**

Digitally signed by Lyman Horne DN:cn=Lyman Horne,email=lmhorne@stmc.net,O=star membership corp,l=Clinton NC 28328, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Lyman Horne**

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

Telephone number of Authorized Officer: **910-564-7827**

Study Area Code of Reporting Carrier

230502

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SURRY MEMBERSHIP**

Signature of Authorized Officer: **Curtis Taylor**

Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,I=Dobson NC 27017, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Curtis Taylor**

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

Telephone number of Authorized Officer: **336-374-4535**

Study Area Code of Reporting Carrier

230503

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: TRI COUNTY TEL MEMBR					
Signature of Authorized Officer: Gregory Coltrain				<small>Digitally signed by Gregory Coltrain DN:cn=Gregory Coltrain,email=greg@gotricounty.biz,O=tri county tel membr,l=Belhaven NC 27810, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Gregory Coltrain					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 252-964-8000					
Study Area Code of Reporting Carrier	230505		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: WILKES MEMBERSHIP					
Signature of Authorized Officer: Eric Cramer				<small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkes.net,O=wilkes membership,l= , Date:5/22/2015</small>	
Date: 5/22/2015					
Printed name of Authorized Officer: Eric Cramer					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 336-973-6112					
Study Area Code of Reporting Carrier	230510		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: PALMETTO RURAL COOP					
Signature of Authorized Officer: Dewaine Wilson				Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural coop,l= , Date:5/22/2015	
Date: 5/22/2015					
Printed name of Authorized Officer: Dewaine Wilson					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 843 538-9382					
Study Area Code of Reporting Carrier	240536		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier Piedmont Rural Telephone Cooperative, Inc.					
Signature of Authorized Officer <i>Kara E. Horner</i>				Date 5/20/15	
Printed name of Authorized Officer Kara E. Horner					
Title or position of Authorized Officer Director of Finance					
Telephone number of Authorized Officer: (864) 682-3131 , ext.					
Study Area Code of Reporting Carrier	240538	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: PBT TELECOM, INC.					
Signature of Authorized Officer: L. Spearman				<small>Digitally signed by L. Spearman DN:cn=L. Spearman,email=bspearman@pbttel.net,O=pbt telecom,inc., Date:5/20/2015</small>	
Date: 5/20/2015					
Printed name of Authorized Officer: L. Spearman					
Title or position of Authorized Officer: Director of Business Development					
Telephone number of Authorized Officer: 803-894-1104					
Study Area Code of Reporting Carrier	240539		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: SANDHILL TEL COOP					
Signature of Authorized Officer: Lee Chambers				Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@shtc.net,O=sandhill tel coop,l=Jefferson SC 29718, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Lee Chambers					
Title or position of Authorized Officer: CEO/Manager					
Telephone number of Authorized Officer: 843-658-6379					
Study Area Code of Reporting Carrier	240546		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: WEST CAROLINA RURAL

Signature of Authorized Officer: **Jeff Wilson**

Digitally signed by Jeff Wilson DN:cn=Jeff Wilson,email=jeff.wilson@wctel.net,O=west carolina rural,l=Abbeville SC 29620-0610, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer: Jeff Wilson

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 864-446-9251

Study Area Code of Reporting Carrier

240550

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BLOUNTSVILLE TEL LLC**

Signature of Authorized Officer: **Dennis Andrews**

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville tel llc, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Dennis Andrews**

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

Telephone number of Authorized Officer: **256-586-1420**

Study Area Code of Reporting Carrier

250282

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		Castleberry Telephone Co, Inc	
Signature of Authorized Officer	<i>Homer Holland</i>	Date	5-16-15
Printed name of Authorized Officer		Homer Holland	
Title or position of Authorized Officer		Sec / Trans	
Telephone number of Authorized Officer		(251) 966-2115	
Study Area Code of Reporting Carrier	250285	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier National Telephone of Alabama, Inc.			
Signature of Authorized Officer: <i>James W. Garner</i>			Date 05/19/2015
Printed name of Authorized Officer James Garner			
Title or position of Authorized Officer Vice President of Operations			
Telephone number of Authorized Officer: (601) 354-9070 ext.			
Study Area Code of Reporting Carrier	250286	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,



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

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

Name of Reporting Carrier **Farmers Telecommunications Cooperative, Inc.**

Signature of Authorized Officer *Tyler Pair*

Date **05/27/2015**

Printed name of Authorized Officer **Tyler Pair**

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

Telephone number of Authorized Officer: **(256) 638-2144**, ext.

Study Area Code of Reporting Carrier **250290**

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

6/16/2015

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 Knology Total Communications, Inc.			
Signature of Authorized Officer 		Date 5/19/2015	
Printed name of Authorized Officer Bruce Schoonover			
Title or position of Authorized Officer Vice-President Regulatory Compliance			
Telephone number of Authorized Officer: (706) 645-8116 , ext.			
Study Area Code of Reporting Carrier	250295	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HAYNEVILLE TEL CO

Signature of Authorized Officer: Evelyn Causey

Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@htcnet.net,O=hayneville tel co,l=Hayneville AL 36040, Date:5/26/2015

Date: 5/26/2015

Printed name of Authorized Officer: Evelyn Causey

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 334-548-2101

Study Area Code of Reporting Carrier

250299

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **HOPPER TELECOMM. LLC**

Signature of Authorized Officer: **Dennis Andrews**

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=hopper telecom. llc, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Dennis Andrews**

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

Telephone number of Authorized Officer: **256-586-1420**

Study Area Code of Reporting Carrier

250300

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: MILLRY TEL CO					
Signature of Authorized Officer: Bobby Williams				<small>Digitally signed by Bobby Williams DN:cn=Bobby Williams,email=bobbywilliams@millry.net,O=millry tel co,l=Millry AL 36558-0561, Date:5/18/2015</small>	
Date: 5/18/2015					
Printed name of Authorized Officer: Bobby Williams					
Title or position of Authorized Officer: Vice President and Assistant Secretary					
Telephone number of Authorized Officer: 251-846-2911					
Study Area Code of Reporting Carrier	250304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MON-CRE TEL COOP**

Signature of Authorized Officer: **Teresa Rich**

Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel coop,i=Ramer AL 36069, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer: **Teresa Rich**

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

Telephone number of Authorized Officer: **334-562-3242**

Study Area Code of Reporting Carrier

250305

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer:

R. Taylor

Digitally signed by R. Taylor DN:cn=R.
 Taylor,email=scott@mound.net,O=moundville tel
 co,l=Moundville AL 35474, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **R. Taylor**

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

Telephone number of Authorized Officer: **205-371-9011**

Study Area Code of Reporting Carrier

250307

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

6/16/2015

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



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: New Hope Telephone Cooperative, Inc.			
Signature of Authorized Officer: <i>James D Cook</i>			Date: 05/18/2015
Printed name of Authorized Officer: James D Cook			
Title or position of Authorized Officer: General Manager			
Telephone number of Authorized Officer: (256) 723-4211 ext.			
Study Area Code of Reporting Carrier	250308	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **PINE BELT TEL CO**

Signature of Authorized Officer: **John Nettles**

Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel co,l=Arlington AL 36722, Date:5/22/2015

Date: **5/22/2015**

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

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

Telephone number of Authorized Officer: **334-385-2106**

Study Area Code of Reporting Carrier

250315

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **RAGLAND TELEPHONE CO., INC.**

Signature of Authorized Officer *Stephanie Jackson* Date **05/22/15**

Printed name of Authorized Officer **STEPHANIE JACKSON**

Title or position of Authorized Officer **VICE PRESIDENT**

Telephone number of Authorized Officer: **(205) 472-2141 ext.**

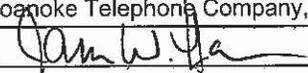
Study Area Code of Reporting Carrier	250316	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Roanoke Telephone Company, Inc.	
Signature of Authorized Officer			Date		
			05/19/2015		
Printed name of Authorized Officer					
James Garner					
Title or position of Authorized Officer					
Vice President of Operations					
Telephone number of Authorized Officer: (601) 354-9070 ext.					
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
250317					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: UNION SPRINGS TEL CO

Signature of Authorized Officer: Larry Grogan

Digitally signed by Larry Grogan DN:cn=Larry Grogan,email=lcgrogan@ustconline.net,O=union springs tel co,l=Union Springs AL 36089, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer: Larry Grogan

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 334-738-4400

Study Area Code of Reporting Carrier

250322

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BALLARD RURAL COOP**

Signature of Authorized Officer: **Randy Grogan**

Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural coop,I=La Center KY 42056, Date:5/26/2015

Date: **5/26/2015**

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

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

Telephone number of Authorized Officer: **270-665-5186**

Study Area Code of Reporting Carrier

260396

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Brandenburg Telephone Company, Inc.				
Signature of Authorized Officer 				Date 05/19/2015
Printed name of Authorized Officer Allison Willoughby				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (270) 422-2121 ext.				
Study Area Code of Reporting Carrier	260398	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: DUO COUNTY TEL COOP					
Signature of Authorized Officer: Daryl Hammond				<small>Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel coop,l=Jamestown KY 42629, Date:5/18/2015</small>	
Date: 5/18/2015					
Printed name of Authorized Officer: Daryl Hammond					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 270-343-3131					
Study Area Code of Reporting Carrier	260401		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FOOTHILLS RURAL COOP**

Signature of Authorized Officer: **Ruth Conley**

Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural coop,l=Staffordsville KY 41256, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer: **Ruth Conley**

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

Telephone number of Authorized Officer: **606-297-9131**

Study Area Code of Reporting Carrier

260406

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LOGAN TEL. COOP. INC**

Signature of Authorized Officer: **Gregory Hale**

Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop. inc,l=Auburn KY 42206, Date:5/15/2015

Date: **5/15/2015**

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

Title or position of Authorized Officer: **General Manager/Executive V.P.**

Telephone number of Authorized Officer: **270-542-4121**

Study Area Code of Reporting Carrier

260413

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Mountain Rural Telephone Coop. Corp., Inc.					
Signature of Authorized Officer			<i>Jimmie Jones</i>			Date		05/22/2015	
Printed name of Authorized Officer				Jimmie Jones					
Title or position of Authorized Officer				President					
Telephone number of Authorized Officer:				(606) 743-3121, ext.					
Study Area Code of Reporting Carrier		260414		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier PEOPLES RURAL TELEPHONE					
Signature of Authorized Officer <i>Keith Gabbard</i>				Date 05/27/2015	
Printed name of Authorized Officer KEITH GABBARD					
Title or position of Authorized Officer CEO					
Telephone number of Authorized Officer: (606) 287-7101 ext.					
Study Area Code of Reporting Carrier	260415	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: THACKER/GRIGSBY TEL

Signature of Authorized Officer: **William Grigsby**

Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,1=Hindman KY 41822, Date:5/26/2015

Date: 5/26/2015

Printed name of Authorized Officer: William Grigsby

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

Telephone number of Authorized Officer: 606-785-9500

Study Area Code of Reporting Carrier

260419

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

6/16/2015

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



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier West Kentucky Rural Telephone Cooperative, Inc.			
Signature of Authorized Officer <i>Todd Crandall</i>			Date 05/20/2015
Printed name of Authorized Officer Todd Crandall			
Title or position of Authorized Officer Chief Financial Officer			
Telephone number of Authorized Officer: (270) 856-9983 ext.			
Study Area Code of Reporting Carrier	260421	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: CAMERON TEL CO - LA					
Signature of Authorized Officer: Bruce Petry				Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel co - la,l=Sulphur LA 70664-0167, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Bruce Petry					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 337-583-2092					
Study Area Code of Reporting Carrier	270425		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CAMPTI-PLEASANT HILL**

Signature of Authorized Officer: **Tom Edens**

Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campti-pleasant hill,i=Natchitoches LA 71458, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer: **Tom Edens**

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

Telephone number of Authorized Officer: **318-352-0014**

Study Area Code of Reporting Carrier

270426

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

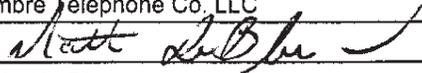
6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Delcambre Telephone Co. LLC					
Signature of Authorized Officer						Date		5/26/2015	
Printed name of Authorized Officer				Matt LeBlanc					
Title or position of Authorized Officer				President					
Telephone number of Authorized Officer:				(337) 685-2311 ext.					
Study Area Code of Reporting Carrier		270428		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

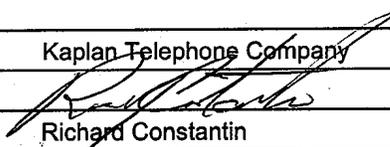
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: ELIZABETH TEL CO					
Signature of Authorized Officer: Bruce Petry				Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel co,l=Sulphur LA 70664-0167, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Bruce Petry					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 337-583-2092					
Study Area Code of Reporting Carrier	270430		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Kaplan Telephone Company		
Signature of Authorized Officer		Date	05/18/2015
Printed name of Authorized Officer	Richard Constantin		
Title or position of Authorized Officer	Controller		
Telephone number of Authorized Officer:	(337) 643-7171, ext.		
Study Area Code of Reporting Carrier	270432	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: LAFOURCHE TEL CO					
Signature of Authorized Officer: Peter Louviere				<small>Digitally signed by Peter Louviere DN:cn=Peter Louviere,email=peter.louviere@corp.viscom.net,O=lafourche tel co,L=Larose LA 70373, Date:5/21/2015</small> Date: 5/21/2015	
Printed name of Authorized Officer: Peter Louviere					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 985-693-0265					
Study Area Code of Reporting Carrier	270433		Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NORTHEAST LOUISIANA**

Signature of Authorized Officer: **Mike George**

Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,l=Collinston LA 71229, Date:5/15/2015

Date: **5/15/2015**

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

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

Telephone number of Authorized Officer: **318-874-7011**

Study Area Code of Reporting Carrier

270435

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: RESERVE TEL CO

Signature of Authorized Officer: **Scott Small**

Digitally signed by Scott Small DN:cn=Scott Small,email=ssmall@rtconline.com,O=reserve tel co,l=Reserve LA 70084-0519, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer: Scott Small

Title or position of Authorized Officer: Exec. Vice President

Telephone number of Authorized Officer: 985-536-1326

Study Area Code of Reporting Carrier

270438

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: STAR TEL CO					
Signature of Authorized Officer: Rebecca Knighten				Digitally signed by Rebecca Knighten DN:cn=Rebecca Knighten,email=rebeccaknighten@star.brcoxmail.com,O=star tel co,l= , Date:5/19/2015	
Date: 5/19/2015					
Printed name of Authorized Officer: Rebecca Knighten					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 225-926-0191					
Study Area Code of Reporting Carrier	270441		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Bay Springs Telephone Company, Inc.			
Signature of Authorized Officer <i>James W. Garner</i>			Date 05/19/2015
Printed name of Authorized Officer James Garner			
Title or position of Authorized Officer Vice President of Operations			
Telephone number of Authorized Officer: (601) 354-9070 ext.			
Study Area Code of Reporting Carrier	280446	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2015
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			



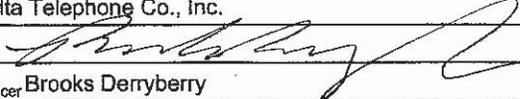
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Bruce Telephone Company			
Signature of Authorized Officer <i>Donna F Alexander</i>			Date 05/20/2015
Printed name of Authorized Officer Donna F Alexander			
Title or position of Authorized Officer Executive Vice President			
Telephone number of Authorized Officer: (601) 764-3463 ext.			
Study Area Code of Reporting Carrier	280447	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: DECATUR TEL CO -MS					
Signature of Authorized Officer: Esther Smith				Digitally signed by Esther Smith DN:cn=Esther Smith,email=esther@decaturtelephone.com,O=decatur tel co -ms,l=Decatur MS 39327, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Esther Smith					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 601-635-2251					
Study Area Code of Reporting Carrier	280451		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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 Delta Telephone Co., Inc.</p>			
<p>Signature of Authorized Officer </p>			<p>Date 5/15/2015</p>
<p>Printed name of Authorized Officer Brooks Derryberry</p>			
<p>Title or position of Authorized Officer Vice President/General Manager</p>			
<p>Telephone number of Authorized Officer: (601) 355-1522 ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p>280452</p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2015</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>			

Carrier Cert



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Franklin Telephone Co., Inc.			
Signature of Authorized Officer <i>Wade H. Creekmore, Jr.</i>		Date 5/15/2015	
Printed name of Authorized Officer Wade H. Creekmore, Jr.			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (601) 355-1522 ext.			
Study Area Code of Reporting Carrier	280454	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
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.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Fulton Telephone Company				
Signature of Authorized Officer <i>Donna F Alexander</i>			Date 05/20/2015	
Printed name of Authorized Officer Donna F Alexander				
Title or position of Authorized Officer Executive Vice President				
Telephone number of Authorized Officer: (601) 764-3463 ext.				
Study Area Code of Reporting Carrier		280455	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Joie Miller**

Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlco.com,O=georgetown tel co,l=Georgetown MS 39078, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Joie Miller**

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

Telephone number of Authorized Officer: **601-858-2211**

Study Area Code of Reporting Carrier

280456

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LAKESIDE TEL. CO.**

Signature of Authorized Officer: **Robert Sledge Jr.**

Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,l=Sunflower MS 38778, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Robert Sledge Jr.**

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

Telephone number of Authorized Officer: **662-569-3311**

Study Area Code of Reporting Carrier

280457

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **John Pearce**

Digitally signed by John Pearce DN:cn=John Pearce,email=jpearce@bayspringstel.net,O=noxapater tel co,l=Bay Springs MS 39422, Date:5/26/2015

Date: **5/26/2015**

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

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

Telephone number of Authorized Officer: **601-764-3171**

Study Area Code of Reporting Carrier

280461

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported ✓			
<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 Mound Bayou Telephone & Communications, Inc.			
Signature of Authorized Officer <i>Donna F. Alexander</i>			Date 05/20/2015
Printed name of Authorized Officer Donna F Alexander			
Title or position of Authorized Officer Executive Vice President			
Telephone number of Authorized Officer: (601) 764-3463 ext.			
Study Area Code of Reporting Carrier	280462	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Robert Sledge Jr.**

Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel co,l=Sunflower MS 38778, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Robert Sledge Jr.**

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

Telephone number of Authorized Officer: **662-569-3311**

Study Area Code of Reporting Carrier

280466

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

6/16/2015

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

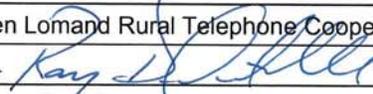
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: SMITHVILLE TEL CO					
Signature of Authorized Officer: Roger Thompson				Digitally signed by Roger Thompson DN:cn=Roger Thompson,email=robert@traceroad.net,O=smithville tel co,l=Smithville MS 38870, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Roger Thompson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 662-651-4131					
Study Area Code of Reporting Carrier	280467		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Ardmore Telephone Company, Inc.			
Signature of Authorized Officer 			Date 05/25/2015
Printed name of Authorized Officer Todd Crandall			
Title or position of Authorized Officer Chief Financial Officer			
Telephone number of Authorized Officer: (270) 856-9983 ext. _____			
Study Area Code of Reporting Carrier	290280	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Ben Lomand Rural Telephone Cooperative, Inc.			
Signature of Authorized Officer 			Date 5/20/2015
Printed name of Authorized Officer Ray Cantrell			
Title or position of Authorized Officer General Manager / CEO			
Telephone number of Authorized Officer: (931) 668-4131 ext.			
Study Area Code of Reporting Carrier	290553	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Bledsoe Telephone Cooperative, Inc.				
Signature of Authorized Officer <i>John Lee Downey</i>			Date 5-19-15	
Printed name of Authorized Officer John Lee Downey				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (423) 447-2121 ext.				
Study Area Code of Reporting Carrier	290554	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<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 Crockett Telephone Company, Inc.			
Signature of Authorized Officer <i>James W. Garner</i>			Date 05/19/2015
Printed name of Authorized Officer James Garner			
Title or position of Authorized Officer Vice President of Operations			
Telephone number of Authorized Officer: (601) 354-9070 ext.			
Study Area Code of Reporting Carrier	290561	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DEKALB TEL COOP					
Signature of Authorized Officer: Joe Mitchell				<small>Digitally signed by Joe Mitchell DN:cn=Joe Mitchell,email=joem@dtccom.net,O=dekalb tel coop,l=Alesandria TN 37012, Date:5/19/2015</small>	
Date: 5/19/2015					
Printed name of Authorized Officer: Joe Mitchell					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 615-464-2254					
Study Area Code of Reporting Carrier	290562		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Highland Telephone Cooperataive, Inc.		
Signature of Authorized Officer					Date	5/19/2015
Printed name of Authorized Officer				G. Mark Patterson		
Title or position of Authorized Officer				Chief Executive Officer - General Manager		
Telephone number of Authorized Officer:				(423) 628-2121 ext.		
Study Area Code of Reporting Carrier		290565	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Desda Hutchins**

Digitally signed by Desda Hutchins DN:cn=Desda Hutchins,email=desda@lorettotel.net,O=loretto tel co,l=Loretto TN 38469, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Desda Hutchins**

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

Telephone number of Authorized Officer: **931-853-4351**

Study Area Code of Reporting Carrier

290570

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: NORTH CENTRAL COOP					
Signature of Authorized Officer: Johnny McClanahan				Digitally signed by Johnny McClanahan DN:cn=Johnny McClanahan,email=johnny.mcclanahan@nctc.com,O=north central coop,l=Lafayette TN 37083, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Johnny McClanahan					
Title or position of Authorized Officer: VP Finance and Adm. Services					
Telephone number of Authorized Officer: 615-666-2151					
Study Area Code of Reporting Carrier	290573		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier Peoples Telephone Company					
Signature of Authorized Officer <i>James Garner</i>			Date 05/19/2015		
Printed name of Authorized Officer James Garner					
Title or position of Authorized Officer Vice President of Operations					
Telephone number of Authorized Officer: (601) 354-9070 ext.					
Study Area Code of Reporting Carrier 290576		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **TWIN LAKES TEL COOP**

Signature of Authorized Officer: **Jonathan West**

Digitally signed by Jonathan West DN:cn=Jonathan West,email=jwest@twlakes.coop,O=twin lakes tel coop,l=Gainesboro TN 38562, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Jonathan West**

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

Telephone number of Authorized Officer: **931-268-2151**

Study Area Code of Reporting Carrier

290579

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **UTC-TN-UNITED COMM**

Signature of Authorized Officer: **Tommy Welch**

Digitally signed by Tommy Welch DN:cn=Tommy Welch,email=twelch@utcoffice.net,O=utc-tn-united comm,l=Chapel Hill TN 37034, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer: **Tommy Welch**

Title or position of Authorized Officer: **Finance and Administration Manager**

Telephone number of Authorized Officer: **931-364-4324**

Study Area Code of Reporting Carrier

290581

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

6/16/2015

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



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				West Tennessee Telephone Company, Inc.					
Signature of Authorized Officer						Date		05/19/2015	
Printed name of Authorized Officer				James Garner					
Title or position of Authorized Officer				Vice President of Operations					
Telephone number of Authorized Officer:				(601) 354-9070 ext.					
Study Area Code of Reporting Carrier		290583		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015			

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				West Kentucky Rural Telephone Cooperative, Inc.					
Signature of Authorized Officer						Date		05/20/2015	
Printed name of Authorized Officer				Todd Crandall					
Title or position of Authorized Officer				Chief Financial Officer					
Telephone number of Authorized Officer:				(270) 856-9983 ext.					
Study Area Code of Reporting Carrier		290598		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015			
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>									

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: THE ARTHUR MUTUAL					
Signature of Authorized Officer: Eric Roughton				<small>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual,l= , Date:5/16/2015</small>	
Date: 5/16/2015					
Printed name of Authorized Officer: Eric Roughton					
Title or position of Authorized Officer: General Manager/Sec'y/Treasurer					
Telephone number of Authorized Officer: 419-393-2233					
Study Area Code of Reporting Carrier	300586		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: AYERSVILLE TEL CO					
Signature of Authorized Officer: Phil Maag				Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville telco, Date:5/19/2015	
Date: 5/19/2015					
Printed name of Authorized Officer: Phil Maag					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 419-395-2222					
Study Area Code of Reporting Carrier	300588		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Kathy Reinhart**

Digitally signed by Kathy Reinhart DN:cn=Kathy Reinhart,email=kmr@bascomtelephone.com,O=bascom mutual tel co,l=Bascom OH 44809, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer: **Kathy Reinhart**

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

Telephone number of Authorized Officer: **419-937-2222**

Study Area Code of Reporting Carrier

300589

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BENTON RIDGE TEL CO**

Signature of Authorized Officer: **Mark Miller**

Digitally signed by Mark Miller DN:cn=Mark Miller,email=mmiller@watchtv.net,O=benton ridge tel co,l=Benton Ridge OH 45816, Date:5/19/2015

Date: **5/19/2015**

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

Title or position of Authorized Officer: **CFO/VP/Treasurer**

Telephone number of Authorized Officer: **419-859-2144**

Study Area Code of Reporting Carrier

300590

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier		Buckland Telephone Company	
Signature of Authorized Officer	<i>Douglas G. Place</i>	Date	5/26/15
Printed name of Authorized Officer		Douglas G. Place	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer:		(419) 657-2222 ext.	
Study Area Code of Reporting Carrier	300591	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: THE CHAMPAIGN TEL CO					
Signature of Authorized Officer: Tiffany Ebersold				<small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co, Date:5/19/2015</small>	
Date: 5/19/2015					
Printed name of Authorized Officer: Tiffany Ebersold					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 937-653-2263					
Study Area Code of Reporting Carrier	300594		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: MCCLURE TEL CO					
Signature of Authorized Officer: Lance Miller				<small>Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel co,l=McClure OH 43534-0026, Date:5/22/2015</small>	
Date: 5/22/2015					
Printed name of Authorized Officer: Lance Miller					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 419-748-8032					
Study Area Code of Reporting Carrier	300598		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Deanna Brown**

Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@suite224.net,O=conneaut tel co,l=Conneaut OH 44030, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer: **Deanna Brown**

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

Telephone number of Authorized Officer: **440-593-7138**

Study Area Code of Reporting Carrier

300606

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

6/16/2015

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



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Doylestown Telephone Co.	
Signature of Authorized Officer			Thomas J. Brockman		
Printed name of Authorized Officer			Thomas J. Brockman		
Title or position of Authorized Officer			President		
Telephone number of Authorized Officer: (330) 658-2121 ext.					
Study Area Code of Reporting Carrier		300609	Filing Due Date for this form (mm/dd/yyyy)	5/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Cheryl Bostelman**

Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbos@fmtc.cc,O=farmers mutual tel,l=Okolona OH 43550, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Cheryl Bostelman**

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

Telephone number of Authorized Officer: **419-758-3322**

Study Area Code of Reporting Carrier

300612

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: FORT JENNINGS TEL CO					
Signature of Authorized Officer: Michael Metzger				Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort_jennings_tel_co,l=Ft. Jennings OH 45844-0146, Date:5/26/2015	
Date: 5/26/2015					
Printed name of Authorized Officer: Michael Metzger					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 419-286-2181					
Study Area Code of Reporting Carrier	300614		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Glandorf Telephone Company, Inc.			
Signature of Authorized Officer <i>Linda Heckman</i>			Date <i>5-21-15</i>
Printed name of Authorized Officer Linda Heckman			
Title or position of Authorized Officer V. PRESIDENT			
Telephone number of Authorized Officer: (419) 638-6987 ext.			
Study Area Code of Reporting Carrier	300619	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: KALIDA TEL CO					
Signature of Authorized Officer: Chris Phillips				<small>Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel co,l=Kalida OH 45853, Date:5/18/2015</small>	
Date: 5/18/2015					
Printed name of Authorized Officer: Chris Phillips					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 419-532-3218					
Study Area Code of Reporting Carrier	300625		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MIDDLE POINT HOME**

Signature of Authorized Officer: **Bruce Hanson**

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home, Date:5/21/2015

Date: **5/21/2015**

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

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

Telephone number of Authorized Officer: **320-847-2211**

Study Area Code of Reporting Carrier

300633

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Paula McGraw**

Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel co,l=Minford OH 45653, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Paula McGraw**

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

Telephone number of Authorized Officer: **740-820-2151**

Study Area Code of Reporting Carrier

300634

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: THE NEW KNOXVILLE					
Signature of Authorized Officer: Preston Meyer				<small>Digitally signed by Preston Meyer DN:cn=Preston Meyer,email=preston@nktelco.net,O=the new knoxville, New Knoxville OH 45871-0219, Date:5/22/2015</small>	
Date: 5/22/2015					
Printed name of Authorized Officer: Preston Meyer					
Title or position of Authorized Officer: Sales Manager/Chief Operating Officer					
Telephone number of Authorized Officer: 419-753-2457					
Study Area Code of Reporting Carrier	300639		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **THE NOVA TEL CO**

Signature of Authorized Officer: **Charles Mattingly**

Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=charlie@vncenterprises.com,O=the nova tel co,l=Judson TX 75660, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer: **Charles Mattingly**

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

Telephone number of Authorized Officer: **903-452-3258**

Study Area Code of Reporting Carrier

300644

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **OTTOVILLE MUTUAL**

Signature of Authorized Officer: **William Honigford**

Digitally signed by William Honigford DN:cn=William Honigford,email=tomtc@bright.net,O=ottoville mutual,l=Ottoville OH 45876-0427, Date:5/20/2015

Date: **5/20/2015**

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

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

Telephone number of Authorized Officer: **419-453-3324**

Study Area Code of Reporting Carrier

300650

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **PATTERSONVILLE TEL**

Signature of Authorized Officer: **Aaron Jones**

Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel,l=Carrollton OH 44615, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer: **Aaron Jones**

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

Telephone number of Authorized Officer: **330-895-4391**

Study Area Code of Reporting Carrier

300651

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

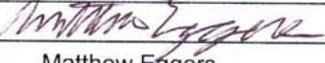
6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Ridgeville Telephone Company	
Signature of Authorized Officer			Date		
			5/21/2015		
Printed name of Authorized Officer				Matthew Eggers	
Title or position of Authorized Officer				President, Board of Directors	
Telephone number of Authorized Officer: (419) 267-5185 ext.					
Study Area Code of Reporting Carrier	300654	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Lynn Bergman**

Digitally signed by Lynn Bergman DN:cn=Lynn Bergman,email=lynnbergman@smta.cc,O=sherwood mutual tel,l=Sherwood OH 43556, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Lynn Bergman**

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

Telephone number of Authorized Officer: **419-899-2121**

Study Area Code of Reporting Carrier

300656

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: SYCAMORE TEL CO					
Signature of Authorized Officer: Steven Ekleberry				Digitally signed by Steven Ekleberry DN:cn=Steven Ekleberry,email=steve.ekleberry@sycltelco.com,O=sycamore tel co, Date:5/21/2015	
Date: 5/21/2015					
Printed name of Authorized Officer: Steven Ekleberry					
Title or position of Authorized Officer: General Manager/Treasurer					
Telephone number of Authorized Officer: 419-927-6012					
Study Area Code of Reporting Carrier	300658		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: TELEPHONE SERVICE					
Signature of Authorized Officer: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,l= , Date:5/21/2015	
Date: 5/21/2015					
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: VAUGHNSVILLE TEL CO

Signature of Authorized Officer: **Martha Kaplan**

Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel co,l=Vaughnsville OH 45893-0127, Date:5/15/2015

Date: 5/15/2015

Printed name of Authorized Officer: Martha Kaplan

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

Telephone number of Authorized Officer: 419-646-3431

Study Area Code of Reporting Carrier

300663

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Mike Boley**

Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel co,l= , Date:5/18/2015

Date: **5/18/2015**

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

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

Telephone number of Authorized Officer: **419-942-1111**

Study Area Code of Reporting Carrier

300664

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ALLBAND COMM COOP**

Signature of Authorized Officer: **Ron Siegel**

Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop,l= , Date:5/22/2015

Date: **5/22/2015**

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

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

Telephone number of Authorized Officer: **989-369-9999**

Study Area Code of Reporting Carrier

310542

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ACE-MI ALLENDALE

Signature of Authorized Officer: **Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi allendale,l=Houston MN 55943-0360, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer: Todd Roesler

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 507-896-6292

Study Area Code of Reporting Carrier

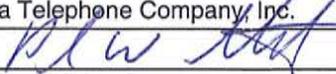
310669

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Baraga Telephone Company, Inc.			
Signature of Authorized Officer 			Date 5/26/2015
Printed name of Authorized Officer Paul W. Stark			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (906) 353-6644 ext. 40			
Study Area Code of Reporting Carrier	310675	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **David Stoll**

Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel co,I=Delton MI 49046, Date:5/22/2015

Date: **5/22/2015**

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

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

Telephone number of Authorized Officer: **269-623-9971**

Study Area Code of Reporting Carrier

310676

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: BLANCHARD TEL. CO.					
Signature of Authorized Officer: Duane Bronson				Digitally signed by Duane Bronson DN:cn=Duane Bronson,email=blanchardtel@power-net.net,O=blanchard tel. co.,l=Blanchard MI 49310-0067, Date:5/22/2015	
Date: 5/22/2015					
Printed name of Authorized Officer: Duane Bronson					
Title or position of Authorized Officer: VP / General Manager					
Telephone number of Authorized Officer: 989-561-9930					
Study Area Code of Reporting Carrier	310678		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Steve Shults**

Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomingdale tel co, Date:5/26/2015

Date: **5/26/2015**

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

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

Telephone number of Authorized Officer: **269-521-7313**

Study Area Code of Reporting Carrier

310679

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier					Carr Telephone Company						
Signature of Authorized Officer				<i>Teresa Bogner</i>				Date		05/18/2015	
Printed name of Authorized Officer					Teresa Bogner						
Title or position of Authorized Officer					Secretary						
Telephone number of Authorized Officer: (231) 898-2244, ext.											
Study Area Code of Reporting Carrier			310683		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015				
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>											

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Kevin Doyle**

Digitally signed by Kevin Doyle DN:cn=Kevin Doyle,email=kdoyle@ctstelecom.com,O=climax tel co,|=
 Date:5/26/2015

Date: **5/26/2015**

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

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

Telephone number of Authorized Officer: **269-746-3244**

Study Area Code of Reporting Carrier

310688

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DEERFIELD FARMERS					
Signature of Authorized Officer: David LaRocca				Digitally signed by David LaRocca DN:cn=David LaRocca,email=dave@cass.net,O=deerfield farmers, = , Date:5/20/2015	
Date: 5/20/2015					
Printed name of Authorized Officer: David LaRocca					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 734-279-1339					
Study Area Code of Reporting Carrier	310691		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ACE-MI DRENTHÉ

Signature of Authorized Officer: **Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi drenthe,l=Houston MN 55943-0360, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer: Todd Roesler

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 507-896-6292

Study Area Code of Reporting Carrier

310692

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Farmers Mutual dba Chapin Telephone Company			
Signature of Authorized Officer <i>Laurie S. Ringle</i>			Date 5/20/15
Printed name of Authorized Officer Laurie S. Ringle			
Title or position of Authorized Officer Treasurer			
Telephone number of Authorized Officer (989) 661-2476 ext			
Study Area Code of Reporting Carrier	310694	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: KALEVA TELEPHONE COMPANY			
Signature of Authorized Officer: <i>Jack C. Schaefer</i>			Date: 05/26/2015
Printed name of Authorized Officer: JACK C. SCHAEFER			
Title or position of Authorized Officer: CONTROLER			
Telephone number of Authorized Officer: (231) 362-3111 ext.			
Study Area Code of Reporting Carrier	310703	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ACE TEL OF MICHIGAN

Signature of Authorized Officer: **Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel of michigan,l=Houston MN 55943-0360, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer: Todd Roesler

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 507-896-6292

Study Area Code of Reporting Carrier

310704

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier					Lennon Telephone Company						
Signature of Authorized Officer				<i>Jacqueline Bowden</i>				Date		5/18/2015	
Printed name of Authorized Officer					Jacqueline Bowden						
Title or position of Authorized Officer					President						
Telephone number of Authorized Officer:					(810) 621-3301 ext.						
Study Area Code of Reporting Carrier		310708		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015					
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>											

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MIDWAY TEL CO					
Signature of Authorized Officer: Camie Nebel-Conklin				<small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel co,l= , Date:5/20/2015</small>	
Date: 5/20/2015					
Printed name of Authorized Officer: Camie Nebel-Conklin					
Title or position of Authorized Officer: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer: 906-387-9911					
Study Area Code of Reporting Carrier	310711		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: HIAWATHA TEL CO					
Signature of Authorized Officer: Camie Nebel-Conklin				Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha tel co,l= , Date:5/20/2015	
Date: 5/20/2015					
Printed name of Authorized Officer: Camie Nebel-Conklin					
Title or position of Authorized Officer: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer: 906-387-9911					
Study Area Code of Reporting Carrier	310713		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Linda Corie**

Digitally signed by Linda Corie DN:cn=Linda Corie,email=corie@ogdentel.com,O=ogden tel co,|=
 Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Linda Corie**

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

Telephone number of Authorized Officer: **517-443-5595**

Study Area Code of Reporting Carrier

310714

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

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

Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel, Date:5/20/2015

Date: **5/20/2015**

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

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

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

Study Area Code of Reporting Carrier

310717

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: PIGEON TEL CO					
Signature of Authorized Officer: Neal Eichler				<small>Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel co,l=Pigeon MI 48755, Date:5/18/2015</small>	
Date: 5/18/2015					
Printed name of Authorized Officer: Neal Eichler					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 989-453-4391					
Study Area Code of Reporting Carrier	310721		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: SAND CREEK TEL CO					
Signature of Authorized Officer: Harvey Souders				Digitally signed by Harvey Souders DN:cn=Harvey Souders,email=souders@sandcreektelco.com,O=sand creek tel co,l=Sand Creek MI 49279-0066, Date:5/22/2015	
Date: 5/22/2015					
Printed name of Authorized Officer: Harvey Souders					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 517-436-3130					
Study Area Code of Reporting Carrier	310725		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Mark Cutler**

Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel co,l=Springport MI 49284-0208, Date:5/22/2015

Date: **5/22/2015**

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

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

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

Study Area Code of Reporting Carrier

310728

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: UPPER PENINSULA TEL					
Signature of Authorized Officer: David Hoover				<small>Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=upper peninsula tel, Date:5/20/2015</small>	
Date: 5/20/2015					
Printed name of Authorized Officer: David Hoover					
Title or position of Authorized Officer: President and General Manager					
Telephone number of Authorized Officer: 906-639-2111					
Study Area Code of Reporting Carrier	310732		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Lucinda Bernath**

Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel co,l=Waldron MI 49288-0197, Date:5/26/2015

Date: **5/26/2015**

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

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

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

Study Area Code of Reporting Carrier

310734

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: WESTPHALIA TEL CO					
Signature of Authorized Officer: David Fox				<small>Digitally signed by David Fox DN:cn=David Fox,email=dfox@comlink.net,O=westphalia tel co, = Date:5/21/2015</small>	
Date: 5/21/2015					
Printed name of Authorized Officer: David Fox					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 517-679-7507					
Study Area Code of Reporting Carrier	310735		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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 Winn Telephone Company					
Signature of Authorized Officer <i>Kevin Fryover</i>				Date 5/27/15	
Printed name of Authorized Officer Kevin Fryover					
Title or position of Authorized Officer Manger					
Telephone number of Authorized Officer: (248) 928-4191 , ext.					
Study Area Code of Reporting Carrier	310737	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2015		
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ACE-MI OLD MISSION					
Signature of Authorized Officer: Todd Roesler				<small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi old mission,l=Houston MN 55943-0360, Date:5/21/2015</small>	
Date: 5/21/2015					
Printed name of Authorized Officer: Todd Roesler					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 507-896-6292					
Study Area Code of Reporting Carrier	310777		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: MCBC					
Signature of Authorized Officer: David Hoover				Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=mcbc,l=, Date:5/20/2015	
Date: 5/20/2015					
Printed name of Authorized Officer: David Hoover					
Title or position of Authorized Officer: President and General Manager					
Telephone number of Authorized Officer: 877-216-0502					
Study Area Code of Reporting Carrier	310785		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: BLOOMINGDALE HOME					
Signature of Authorized Officer: Ronja Branson				<small>Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingdaletel.com,O=bloomingdale home,l=Bloomingtondale IN 47832, Date:5/20/2015</small>	
Date: 5/20/2015					
Printed name of Authorized Officer: Ronja Branson					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 765-498-2000					
Study Area Code of Reporting Carrier	320742		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: CITIZENS TEL CORP					
Signature of Authorized Officer: Joan Paxson				<small>Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citiznet.com,O=citizens tel corp,l=Warren IN 46792, Date:5/18/2015</small>	
Date: 5/18/2015					
Printed name of Authorized Officer: Joan Paxson					
Title or position of Authorized Officer: Secretary, Office Manager					
Telephone number of Authorized Officer: 260-375-2111					
Study Area Code of Reporting Carrier	320751		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Ralph Cunha**

Digitally signed by Ralph Cunha DN:cn=Ralph Cunha,email=rcunha@weEndeavor.com,O=clay dba endeavor,l=Cloverdale IN 46120-0237, Date:5/27/2015

Date: **5/27/2015**

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

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

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

Study Area Code of Reporting Carrier

320753

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Lee Von Gunten**

Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel co,l=Craigville IN 46731, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Lee Von Gunten**

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

Telephone number of Authorized Officer: **260-565-3131**

Study Area Code of Reporting Carrier

320756

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **DAVISS-MARTIN/RTC**

Signature of Authorized Officer: **Stephen Bartlett**

Digitally signed by Stephen Bartlett DN:cn=Stephen Bartlett,email=sbartlett@rtccom.com,O=daviess-martin/rtc,|=Montgomery IN 47558, Date:5/15/2015

Date: **5/15/2015**

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

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

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

Study Area Code of Reporting Carrier

320759

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: GEETINGSVILLE TEL CO					
Signature of Authorized Officer: Steve Scott				<small>Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co,lc=, Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer: Steve Scott					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 765-258-3111					
Study Area Code of Reporting Carrier	320771		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Hancock Rural Telephone Corp. d/b/a NineStar Connect	
Signature of Authorized Officer					
Date			05/27/2015		
Printed name of Authorized Officer				Michael R. Burrow	
Title or position of Authorized Officer				President & CEO	
Telephone number of Authorized Officer:				(317) 326-3131 ext.	
Study Area Code of Reporting Carrier		320775		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: LIGONIER TEL CO					
Signature of Authorized Officer: Donald Johnson				Digitally signed by Donald Johnson DN:cn=Donald Johnson,email=djohnson@ligtel.net,O=ligonier tel co,lc= , Date:5/21/2015	
Date: 5/21/2015					
Printed name of Authorized Officer: Donald Johnson					
Title or position of Authorized Officer: General Manager/Vice President					
Telephone number of Authorized Officer: 260-894-7161					
Study Area Code of Reporting Carrier	320783		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Bruce Hanway**

Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel co,l=Monon IN 47959, Date:5/15/2015

Date: **5/15/2015**

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

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

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

Study Area Code of Reporting Carrier

320790

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Randy Maish**

Digitally signed by Randy Maish DN:cn=Randy Maish,email=randy@mintel.net,O=mulberry coop tel co,l=Mulberry IN 46058-0370, Date:5/18/2015

Date: **5/18/2015**

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

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

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

Study Area Code of Reporting Carrier

320792

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **New Lisbon Telephone Company**

Signature of Authorized Officer

Date **May 26, 2015**

Printed name of Authorized Officer **John E. Greene, Jr.**

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

Telephone number of Authorized Officer: **(765) 591-6433** ext.

Study Area Code of Reporting Carrier

320796

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Paul Penrose**

Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel inc,l=New Paris IN 46553-0047, Date:5/26/2015

Date: **5/26/2015**

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

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

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

Study Area Code of Reporting Carrier

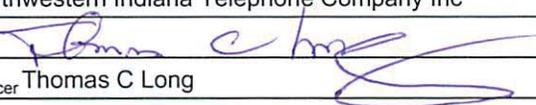
320797

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

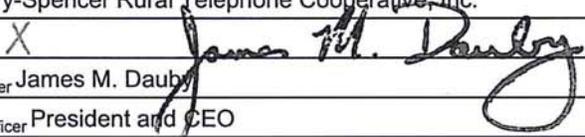
6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Northwestern Indiana Telephone Company Inc			
Signature of Authorized Officer 			Date 5/26/2015
Printed name of Authorized Officer Thomas C Long			
Title or position of Authorized Officer COO			
Telephone number of Authorized Officer: (219) 996-2981 ext.			
Study Area Code of Reporting Carrier	320800	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	Perry-Spencer Rural Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	05/27/2015
Printed name of Authorized Officer	James M. Dauby		
Title or position of Authorized Officer	President and CEO		
Telephone number of Authorized Officer:	(812) 357-2123 ext.		
Study Area Code of Reporting Carrier	320807	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PULASKI-WHITE RURAL

Signature of Authorized Officer: Mark Dickerson

Digitally signed by Mark Dickerson DN:cn=Mark Dickerson,email=mdickerson@pwrct.net,O=pulaski-white rural,l=Buffalo IN 47925, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer: Mark Dickerson

Title or position of Authorized Officer: President/CEO

Telephone number of Authorized Officer: 574-278-7121

Study Area Code of Reporting Carrier

320813

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Greta Lynch**

Digitally signed by Greta Lynch DN:cn=Greta Lynch,email=greta.lynych@rtc1.com,O=rochester tel co,l=Rochester IN 46975-0507, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Greta Lynch**

Title or position of Authorized Officer: **VP-Finance**

Telephone number of Authorized Officer: **574-223-0238**

Study Area Code of Reporting Carrier

320815

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier SEI Rural Telephone Cooperative, In.c			
Signature of Authorized Officer <i>Michael Leach</i>			Date 5/21/2015
Printed name of Authorized Officer Michael Leach			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (812) 667-5100 ext.			
Study Area Code of Reporting Carrier	320819	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SUNMAN TELECOMM CORP**

Signature of Authorized Officer: **Michael Alig**

Digitally signed by Michael Alig DN:cn=Michael Alig,email=malig@etc1.net,O=sunman telecomm corp,l=Sunman IN 47041, Date:5/26/2015

Date: **5/26/2015**

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

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

Telephone number of Authorized Officer: **812-623-2122**

Study Area Code of Reporting Carrier

320825

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: SWAYZEE TEL CO					
Signature of Authorized Officer: Timothy Miles				<small>Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel co,l= , Date:5/22/2015</small>	
Date: 5/22/2015					
Printed name of Authorized Officer: Timothy Miles					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 765-922-7916					
Study Area Code of Reporting Carrier	320826		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: SWEETSER RURAL TEL

Signature of Authorized Officer: **Scott Winger**

Digitally signed by Scott Winger DN:cn=Scott Winger,email=sweetser@comteck.com,O=sweetser rural tel,l=Sweetser IN 46987, Date:5/22/2015

Date: 5/22/2015

Printed name of Authorized Officer: Scott Winger

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 765-384-4311

Study Area Code of Reporting Carrier

320827

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Washington County Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer *Roland King* Date **5/18/15**

Printed name of Authorized Officer **Roland King**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(812) 967-3171, ext.**

Study Area Code of Reporting Carrier	320834	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: YEOMAN TEL CO, INC

Signature of Authorized Officer: **David Blacker**

Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytci.com,O=yeoman tel co, inc,lc=, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer: David Blacker

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 574-965-2100

Study Area Code of Reporting Carrier

320839

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **AMERY TELCOM, INC.**

Signature of Authorized Officer: **Michael Jensen**

Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc., Date:5/20/2015

Date: **5/20/2015**

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

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

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

Study Area Code of Reporting Carrier

330842

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Carl Bohman**

Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=cbohman@wi-net.com,O=amherst tel co,l=Amherst WI 54406-0279, Date:5/15/2015

Date: **5/15/2015**

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

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

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

Study Area Code of Reporting Carrier

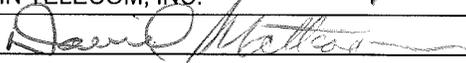
330843

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier BALDWIN TELECOM, INC.			
Signature of Authorized Officer 		Date 05/21/2015	
Printed name of Authorized Officer DAVID MATTISON			
Title or position of Authorized Officer PRESIDENT			
Telephone number of Authorized Officer: (715) 684-3346 , ext.			
Study Area Code of Reporting Carrier	330846	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BELMONT TEL CO					
Signature of Authorized Officer: Deb Egli				<small>Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=belmont tel co,l=Cuba City WI 53807, Date:5/20/2015</small>	
Date: 5/20/2015					
Printed name of Authorized Officer: Deb Egli					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 608-744-3500					
Study Area Code of Reporting Carrier	330847		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: BERGEN TEL CO					
Signature of Authorized Officer: Brad Ellefson				<small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel co,l=Sharon WI 53585, Date:5/26/2015</small>	
Date: 5/26/2015					
Printed name of Authorized Officer: Brad Ellefson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 262-736-9981					
Study Area Code of Reporting Carrier	330848		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BLOOMER TEL CO					
Signature of Authorized Officer: Jim Smart				<small>Digitally signed by Jim Smart DN:cn=Jim Smart,email=jrs@bloomer.net,O=bloomer tel co,l= , Date:5/18/2015</small>	
Date: 5/18/2015					
Printed name of Authorized Officer: Jim Smart					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 715-568-4830					
Study Area Code of Reporting Carrier	330850		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BRUCE TEL CO, INC**

Signature of Authorized Officer: **John Manosky**
Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel co, inc, Date:5/26/2015

Date: **5/26/2015**

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

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

Telephone number of Authorized Officer: **715-868-5111**

Study Area Code of Reporting Carrier	330855		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHEQUAMEGON COM COOP					
Signature of Authorized Officer: Ray Schindler				<small>Digitally signed by Ray Schindler DN:cn=Ray Schindler,email=rschindler@norvado.com,O=chequamegon com coop, Date:5/22/2015</small>	
Date: 5/22/2015					
Printed name of Authorized Officer: Ray Schindler					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 715-798-3303					
Study Area Code of Reporting Carrier	330860		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

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

Digitally signed by N. Scott Behn DN:cn=N. Scott Behn,email=sbehn@mosaictelecom.com,O=chibardun tel coop,l=Cameron WI 54822-0664, Date:5/18/2015

Date: **5/18/2015**

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

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

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

Study Area Code of Reporting Carrier

330861

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: CITIZENS TEL COOP-WI					
Signature of Authorized Officer: Dennis Bachman				<small>Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel coop-wi,l=New Auburn WI 54757-0127, Date:5/22/2015</small>	
Date: 5/22/2015					
Printed name of Authorized Officer: Dennis Bachman					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 715-237-2605					
Study Area Code of Reporting Carrier	330863		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: CLEAR LAKE TEL CO-WI					
Signature of Authorized Officer: Tim Kusilek				Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake tel co-wi, =Clear Lake WI 54005, Date:5/26/2015	
Date: 5/26/2015					
Printed name of Authorized Officer: Tim Kusilek					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 715-263-2755					
Study Area Code of Reporting Carrier	330865		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Gina Tomlinson**

Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mwt.net,O=cochrane coop tel co,l=Cochrane WI 54622-0189, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer: **Gina Tomlinson**

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

Telephone number of Authorized Officer: **608-248-2323**

Study Area Code of Reporting Carrier

330866

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: COON VALLEY FARMERS					
Signature of Authorized Officer: Carol Olson				Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers,l=Coon Valley WI 54623-0398, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Carol Olson					
Title or position of Authorized Officer: Assistant Secretary Treasurer					
Telephone number of Authorized Officer: 608-452-3101					
Study Area Code of Reporting Carrier	330868		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CUBA CITY EXCHANGE**

Signature of Authorized Officer:

Deb Egli

Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=cuba city exchange,l=Cuba City WI 53807, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Deb Egli**

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

Telephone number of Authorized Officer: **608-744-3500**

Study Area Code of Reporting Carrier

330872

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FARMERS INDEPENDENT**

Signature of Authorized Officer: **Mark Anderson**

Digitally signed by Mark Anderson DN:cn=Mark Anderson,email=mark@grantsburgtelcom.com,O=farmers independent,l=Grantsburg WI 54840-0447, Date:5/15/2015

Date: **5/15/2015**

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

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

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

Study Area Code of Reporting Carrier

330879

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Carla Shaker**

Digitally signed by Carla Shaker DN:cn=Carla Shaker, email=cjshaker@hillsborotel.com, O=hillsboro tel co, l=Hillsboro WI 54634-0427, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Carla Shaker**

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

Telephone number of Authorized Officer: **608-489-2100**

Study Area Code of Reporting Carrier

330892

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <i>Lakeside Telephone Company</i>			
Signature of Authorized Officer <i>Robert M. Wahl</i>			Date <i>5/18/2015</i>
Printed name of Authorized Officer <i>Robert Wahl</i>			
Title or position of Authorized Officer <i>Vice President</i>			
Telephone number of Authorized Officer: <i>920 677 7000</i> ext.			
Study Area Code of Reporting Carrier	<i>330896</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2015</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LA VALLE TEL COOP**

Signature of Authorized Officer: **Gregory Rockweiler**

Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler, email=lrc@mwt.net, O=la valle tel coop, l=La Valle WI 53941, Date:5/26/2015

Date: **5/26/2015**

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

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

Telephone number of Authorized Officer: **608-985-7201**

Study Area Code of Reporting Carrier

330899

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Donna Rezin**

Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=donna.rezin@lynxxnet.com,O=lemonweir valley tel,l=Camp Douglas WI 54618, Date:5/18/2015

Date: **5/18/2015**

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

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

Telephone number of Authorized Officer: **608-427-6515**

Study Area Code of Reporting Carrier

330900

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LAKELAND-LUCK**

Signature of Authorized Officer: **John Klatt**

Digitally signed by John Klatt DN:cn=John Klatt,email=jklatt@lakeland.ws,O=lakeland-luck,l=Milltown WI 54858, Date:5/18/2015

Date: **5/18/2015**

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

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

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

Study Area Code of Reporting Carrier

330902

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: MANAWA TEL CO					
Signature of Authorized Officer: Thomas Squires				<small>Digitally signed by Thomas Squires DN:cn=Thomas Squires,email=tsquires@wolfnet.net,O=manawa tel co,l=Manawa WI 54949, Date:5/15/2015</small>	
Date: 5/15/2015					
Printed name of Authorized Officer: Thomas Squires					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 920-596-1707					
Study Area Code of Reporting Carrier	330905		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MARQUETTE-ADAMS COOP**

Signature of Authorized Officer: **Jerry Schneider**

Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquett e-adams coop,l=Oxford WI 53952, Date:5/25/2015

Date: **5/25/2015**

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

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

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

Study Area Code of Reporting Carrier

330908

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: LAKELAND-MILLTOWN					
Signature of Authorized Officer: John Klatt				Digitally signed by John Klatt DN:cn=John Klatt,email=jkklatt@lakeland.ws,O=lakeland-milltown,I=Milltown WI 54858, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: John Klatt					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 715-825-2171					
Study Area Code of Reporting Carrier	330910		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Christy Berger**

Digitally signed by Christy Berger DN:cn=Christy Berger,email=christy@nelson-tel.net,O=nelson comm coop,l=Durand WI 54736-0228, Date:5/15/2015

Date: **5/15/2015**

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

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

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

Study Area Code of Reporting Carrier

330918

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <i>Niagara Telephone Company</i>			
Signature of Authorized Officer* <i>Robert M Webb</i>			Date <i>5/18/2015</i>
Printed name of Authorized Officer <i>Robert Webb</i>			
Title or position of Authorized Officer <i>Vice President</i>			
Telephone number of Authorized Officer: <i>920 87 7000</i> , ext.			
Study Area Code of Reporting Carrier	<i>330920</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2015</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier <u>Bayland Telephony, LLC</u>					
Signature of Authorized Officer <u>Robert M. Webb</u>				Date <u>5/18/2015</u>	
Printed name of Authorized Officer <u>Robert Webb</u>					
Title or position of Authorized Officer <u>Vice - President</u>					
Telephone number of Authorized Officer: <u>(920) 657-7000 ext.</u>					
Study Area Code of Reporting Carrier	<u>330925</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</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			
<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 Indianhead Telephone Company			
Signature of Authorized Officer 			Date 5/26/2015
Printed name of Authorized Officer William Eckles			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (507) 526-3252 ext.			
Study Area Code of Reporting Carrier	330936	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: PRICE COUNTY TEL CO					
Signature of Authorized Officer: Catherine Mess				<small>Digitally signed by Catherine Mess DN:cn=Catherine Mess,email=messc@pctcnet.net,O=price county tel co,l=Phillips WI 54555-0108, Date:5/15/2015</small>	
Date: 5/15/2015					
Printed name of Authorized Officer: Catherine Mess					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 715-339-2151					
Study Area Code of Reporting Carrier	330937		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<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	North east Telephone Company, LLC		
Signature of Authorized Officer X	Robert M Webb	Date	5/15/2015
Printed name of Authorized Officer	Robert Webb		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer:	(920) 617-7000, ext.		
Study Area Code of Reporting Carrier	330938	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **RICHLAND-GRANT COOP**

Signature of Authorized Officer: **John Bartz**

Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mwt.net,O=richland-grant coop,l=Blue River WI 53518, Date:5/27/2015

Date: **5/27/2015**

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

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

Telephone number of Authorized Officer: **608-537-2461**

Study Area Code of Reporting Carrier

330942

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: SHARON TEL CO

Signature of Authorized Officer: Brad Ellefson

Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel co,l=Sharon WI 53585, Date:5/26/2015

Date: 5/26/2015

Printed name of Authorized Officer: Brad Ellefson

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 262-736-9981

Study Area Code of Reporting Carrier

330946

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SIREN TEL CO, INC**

Signature of Authorized Officer: **Sid Sherstad**

Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel co, inc,l=Siren WI 54872-0426, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer: **Sid Sherstad**

Title or position of Authorized Officer: **Vice President**

Telephone number of Authorized Officer: **715-349-2224**

Study Area Code of Reporting Carrier

330949

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SOMERSET TEL CO**

Signature of Authorized Officer: **Michael Jensen**

Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel co,l= , Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Michael Jensen**

Title or position of Authorized Officer: **President & General Manager**

Telephone number of Authorized Officer: **715-268-7101**

Study Area Code of Reporting Carrier

330951

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SPRING VALLEY TEL CO**

Signature of Authorized Officer: **Carol Anderson**

Digitally signed by Carol Anderson DN:cn=Carol Anderson,email=svtel@svtel.net,O=spring valley tel co,l=Spring Valley WI 54767, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Carol Anderson**

Title or position of Authorized Officer: **Assistant Manager/Assistant Secretary**

Telephone number of Authorized Officer: **715-778-4433**

Study Area Code of Reporting Carrier

330953

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **TRI-COUNTY COMM COOP**

Signature of Authorized Officer: **Cheryl Rue**

Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tcc.coop,O=tri-county comm coop,l=Strum WI 54770, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer: **Cheryl Rue**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **715-695-2691**

Study Area Code of Reporting Carrier

330960

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: UNION TEL CO					
Signature of Authorized Officer: Katherine Kehl				Digitally signed by Katherine Kehl DN:cn=Katherine Kehl,email=kkehl@uniontel.net,O=union tel co,l=Plainfield WI 54966-0096, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Katherine Kehl					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 715-335-6301					
Study Area Code of Reporting Carrier	330962		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **VERNON TEL COOP**

Signature of Authorized Officer: **Rodney Olson**

Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vermontel.com,O=vernon tel coop,i=Westby WI 54667, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Rodney Olson**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **608-634-7421**

Study Area Code of Reporting Carrier

330966

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **W. WISCONSIN TELCOM**

Signature of Authorized Officer: **Mark Stenseth**

Digitally signed by Mark Stenseth DN:cn=Mark Stenseth,email=stenseth@wwt.coop,O=w. wisconsin telcom,l=Downsville WI 54735, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer: **Mark Stenseth**

Title or position of Authorized Officer: **CEO/General Manager**

Telephone number of Authorized Officer: **715-664-8311**

Study Area Code of Reporting Carrier

330971

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **WITTENBERG TEL CO**

Signature of Authorized Officer: **Linda Garbelman**

Digitally signed by Linda Garbelman DN:cn=Linda Garbelman,email=lgarbelman@cirrinity.net,O=wittenberg tel co,l=Wittenberg WI 54499, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Linda Garbelman**

Title or position of Authorized Officer: **CFO/Treasurer**

Telephone number of Authorized Officer: **715-253-2115**

Study Area Code of Reporting Carrier

330973

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **WOOD COUNTY TEL CO**

Signature of Authorized Officer: **Gregory Krings**

Digitally signed by Gregory Krings DN:cn=Gregory Krings,email=krings@solarus.net,O=wood county tel co,l=Wisconsin Rapids WI 54495-8045, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer: **Gregory Krings**

Title or position of Authorized Officer: **Director of Finance**

Telephone number of Authorized Officer: **715-421-8129**

Study Area Code of Reporting Carrier

330974

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ADAMS TEL COOP**

Signature of Authorized Officer: **James Broemmer Jr.**

Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbroemmer@adams.net,O=adams tel coop,l=Golden IL 62339, Date:5/23/2015

Date: **5/23/2015**

Printed name of Authorized Officer: **James Broemmer Jr.**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **217-696-4411**

Study Area Code of Reporting Carrier

340976

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ALHAMBRA-GRANTFORK**

Signature of Authorized Officer: **Kevin Osterbur**

Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra-grantfork,I=Alhambra IL 62001-0207, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer: **Kevin Osterbur**

Title or position of Authorized Officer: **Manager**

Telephone number of Authorized Officer: **618-488-2165**

Study Area Code of Reporting Carrier

340978

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: CAMBRIDGE TEL CO -IL

Signature of Authorized Officer: **Scott Rubins**

Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=cambridge tel co -il,l=Geneseo IL 61254-0330, Date:5/15/2015

Date: 5/15/2015

Printed name of Authorized Officer: Scott Rubins

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 309-944-2103

Study Area Code of Reporting Carrier

340983

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: CASS TEL CO					
Signature of Authorized Officer: Tom Allen				<small>Digitally signed by Tom Allen DN:cn=Tom Allen,email=tomallen@casscomm.com,O=cass tel co,l=Virginia IL 62691, Date:5/26/2015</small>	
Date: 5/26/2015					
Printed name of Authorized Officer: Tom Allen					
Title or position of Authorized Officer: Vice President/Chief Operating Officer					
Telephone number of Authorized Officer: 217-452-7800					
Study Area Code of Reporting Carrier	340984		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				CLARKSVILLE MUTUAL TELEPHONE CO.				
Signature of Authorized Officer			Patricia Rhoads			Date		5-15-15
Printed name of Authorized Officer				PATRICIA RHOADS				
Title or position of Authorized Officer				SECRETARY - TREASURER				
Telephone number of Authorized Officer:				217 889-3822				
Study Area Code of Reporting Carrier		340990		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015		
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.								

Carrier Cont

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

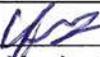
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Crossville Telephone Company, Inc.	
Signature of authorized officer				Date	5/20/2015
Printed name of authorized officer		Thomas D. Rawlinson			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(618) 966-2196			
Study Area Code of Reporting Carrier	340993	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Flat Rock Telephone Co-Op, Inc	
Signature of authorized officer				Date	06/11/15
Printed name of authorized officer		Kevin J Jacobsen			
Title or position of authorized officer		Executive Vice President			
Telephone number of authorized officer:		(618) 584-3211			
Study Area Code of Reporting Carrier	1012	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **GENESEO TEL CO**

Signature of Authorized Officer: **Scott Rubins**

Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@genseo.net,O=genseo tel co,l=Genseo IL 61254-0330, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Scott Rubins**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **309-944-2103**

Study Area Code of Reporting Carrier

341016

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Glasford Telephone Company			
Signature of Authorized Officer <i>Duane R. Goetze</i>			Date 5/20/2015
Printed name of Authorized Officer Duane Goetze			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (309) 389-2111 ext.			
Study Area Code of Reporting Carrier	341017	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: GRAFTON TEL CO					
Signature of Authorized Officer: Leigh Sickinger				<small>Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger,email=lsickinger@gtec.net,O=grafon tel co,l=Grafton IL 62037, Date:5/21/2015</small>	
Date: 5/21/2015					
Printed name of Authorized Officer: Leigh Sickinger					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 618-786-3400					
Study Area Code of Reporting Carrier	341020		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: GRANDVIEW MUTUAL TEL

Signature of Authorized Officer: **Angela Tate**

Digitally signed by Angela Tate DN:cn=Angela Tate,email=gmtc@joink.com,O=grandview mutual tel,l= , Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer: Angela Tate

Title or position of Authorized Officer: Treasurer

Telephone number of Authorized Officer: 217-946-4101

Study Area Code of Reporting Carrier

341021

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **GRIDLEY TEL CO**

Signature of Authorized Officer: **Herb Flesher**

Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel co,l=Gridley IL 61744-0129, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Herb Flesher**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **309-747-3780**

Study Area Code of Reporting Carrier

341023

Filing Due Date for this form (mm/dd/yyyy)

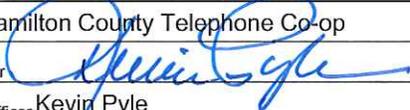
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: Hamilton County Telephone Co-op				
Signature of Authorized Officer: 			Date: 05/22/2015	
Printed name of Authorized Officer: Kevin Pyle				
Title or position of Authorized Officer: GM/EVP				
Telephone number of Authorized Officer: (618) 736-2211, ext.				
Study Area Code of Reporting Carrier	341024	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier Shawnee Telephone Company					
Signature of Authorized Officer 				Date 05/27/2015	
Printed name of Authorized Officer James M. Grisham					
Title or position of Authorized Officer President					
Telephone number of Authorized Officer: (618) 276-4211 , ext.					
Study Area Code of Reporting Carrier	341025	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: HENRY COUNTY TEL CO

Signature of Authorized Officer: **Scott Rubins**

Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=henry county tel co,l=Geneseo IL 61254-0330, Date:5/15/2015

Date: 5/15/2015

Printed name of Authorized Officer: Scott Rubins

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 309-944-2103

Study Area Code of Reporting Carrier

341029

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

NECA ID #10

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Home Telephone Co.					
Signature of Authorized Officer			<i>Eric Schmidt</i>			Date		5/26/15	
Printed name of Authorized Officer				Eric Schmidt					
Title or position of Authorized Officer				President					
Telephone number of Authorized Officer: (618) 644-2111 ext.									
Study Area Code of Reporting Carrier			341032		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **KINSMAN MUTUAL TEL**

Signature of Authorized Officer: **Michelle Baudino**

Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel,l=Kinsman IL 60437, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer: **Michelle Baudino**

Title or position of Authorized Officer: **Secretary/Treasurer**

Telephone number of Authorized Officer: **815-392-4210**

Study Area Code of Reporting Carrier

341041

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **LA HARPE TEL CO**

Signature of Authorized Officer: **Todd Irish**

Digitally signed by Todd Irish DN:cn=Todd Irish,email=todd@laharpetelephone.com,O=la harpe tel co,l=La Harpe IL 61450, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Todd Irish**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **217-659-7721**

Study Area Code of Reporting Carrier

341043

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: LEAF RIVER TEL CO

Signature of Authorized Officer: **Aaron Palmer**

Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lrnet1.com,O=leaf river tel co,l=Leaf River IL 61047, Date:5/20/2015

Date: 5/20/2015

Printed name of Authorized Officer: Aaron Palmer

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 815-738-2216

Study Area Code of Reporting Carrier

341045

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <i>Leonore Mutual Telephone Co., Inc</i>			
Signature of Authorized Officer <i>Donna Naas</i>			Date <i>5-27-15</i>
Printed name of Authorized Officer <i>Donna Naas</i>			
Title or position of Authorized Officer <i>Assistant Secretary</i>			
Telephone number of Authorized Officer: <i>(815) 856-3164 ext.</i>			
Study Area Code of Reporting Carrier	<i>341046</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2015</i>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **MCDONOUGH TEL COOP**

Signature of Authorized Officer: **Jay Griswold**

Digitally signed by Jay Griswold DN:cn=Jay Griswold, email=jay@mdtc.net, O=mcdonough tel coop, l=Colchester IL 62326, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer: **Jay Griswold**

Title or position of Authorized Officer: **Vice President of Finance**

Telephone number of Authorized Officer: **309-776-3211**

Study Area Code of Reporting Carrier

341047

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **McNabb Telephone Company**

Signature of Authorized Officer *Jacquelyn Smith, Rec. Secretary* Date **5/20/2015**

Printed name of Authorized Officer **Jacquelyn Smith**

Title or position of Authorized Officer **Recording Secretary**

Telephone number of Authorized Officer: **(815) 882-2201**, ext. _____

Study Area Code of Reporting Carrier	341048	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: MADISON TEL CO

Signature of Authorized Officer: **Mary Schwartz**

Digitally signed by Mary Schwartz DN:cn=Mary Schwartz,email=infomtc@madisonstelco.com,O=madison tel co,l=Staunton IL 62088, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer: Mary Schwartz

Title or position of Authorized Officer: Controller

Telephone number of Authorized Officer: 618-635-5000

Study Area Code of Reporting Carrier

341049

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: MARSEILLES TEL CO					
Signature of Authorized Officer: Ann Dickerson				Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=marseilles tel co,l=Metamora IL 61548-0800, Date:5/27/2015	
Date: 5/27/2015					
Printed name of Authorized Officer: Ann Dickerson					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 309-367-4197					
Study Area Code of Reporting Carrier	341050		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: METAMORA TEL CO					
Signature of Authorized Officer: Ann Dickerson				Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=metamora tel co,l=Metamora IL 61548-0800, Date:5/27/2015	
Date: 5/27/2015					
Printed name of Authorized Officer: Ann Dickerson					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 309-367-4197					
Study Area Code of Reporting Carrier	341053		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: MIDCENTURY TEL CO-OP

Signature of Authorized Officer: James Broemmer, Jr.

Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jbroemmer@adams.net,O=midcentury tel co-op,=Fairview IL 61432, Date:5/20/2015

Date: 5/20/2015

Printed name of Authorized Officer: James Broemmer, Jr.

Title or position of Authorized Officer: CEO/General Manager

Telephone number of Authorized Officer: 309-778-8611

Study Area Code of Reporting Carrier

341054

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **MONTROSE MUTUAL TEL**

Signature of Authorized Officer: **George Tays**

Digitally signed by George Tays DN:cn=George Tays,email=geot@mmtcnet.com,O=montrose mutual tel,l=Dieterich IL 62424, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer: **George Tays**

Title or position of Authorized Officer: **Secretary/Treasurer/General Manager**

Telephone number of Authorized Officer: **217-925-5242**

Study Area Code of Reporting Carrier

341058

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
<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 Moultrie Independent Telephone Company				
Signature of Authorized Officer <i>Steven G. Bowers</i>				Date 5/19/2015
Printed name of Authorized Officer Steven G. Bowers				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (217) 873-5211 ext.				
Study Area Code of Reporting Carrier	341060		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: New Windsor Telephone Company			
Signature of Authorized Officer: <i>Richard W. Ristau</i>		Date: 5/20/2015	
Printed name of Authorized Officer: Richard W. Ristau			
Title or position of Authorized Officer: Secretary			
Telephone number of Authorized Officer: (309) 667-2712 ext.			
Study Area Code of Reporting Carrier	341062	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Oneida Telephone Exchange</u>				
Signature of Authorized Officer <u><i>Gay Poterson</i></u>				Date <u>May 19, 2015</u>
Printed name of Authorized Officer <u>Gay Poterson</u>				
Title or position of Authorized Officer <u>President</u>				
Telephone number of Authorized Officer: <u>(309) 483-3111</u> , ext.				
Study Area Code of Reporting Carrier	<u>341066</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</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		Reynolds Telephone Company	
Signature of Authorized Officer		<i>Grace Ochsner</i>	Date 05/20/2015
Printed name of Authorized Officer		Grace Ochsner	
Title or position of Authorized Officer		General Manager/Asst. Treasurer	
Telephone number of Authorized Officer:		309,372 4490	
Study Area Code of Reporting Carrier	341075	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **TONICA TEL CO**

Signature of Authorized Officer: **Lloyd Vogel**

Digitally signed by Lloyd Vogel DN:cn=Lloyd Vogel,email=tontel@tonicacom.net,O=tonica tel co,l=Tonica IL 61370-0158, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer: **Lloyd Vogel**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **815-442-9901**

Study Area Code of Reporting Carrier

341086

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **VIOLA HOME TEL CO**

Signature of Authorized Officer: **Robert Millikan**

Digitally signed by Robert Millikan DN:cn=Robert Millikan,email=wins2@vhtmail.net,O=viola home tel co,l=Viola IL 61486, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Robert Millikan**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **309-596-2109**

Study Area Code of Reporting Carrier

341087

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **WABASH TEL COOP, INC**

Signature of Authorized Officer: **Jeff Williams**

Digitally signed by Jeff Williams DN:cn=Jeff Williams,email=jwilliams@wabash.net,O=wabash tel coop, inc,l=Louisville IL 62858-0299, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer: **Jeff Williams**

Title or position of Authorized Officer: **General Manager/EVP**

Telephone number of Authorized Officer: **618-665-9925**

Study Area Code of Reporting Carrier

341088

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Woodhull Telephone Company

Signature of Authorized Officer

Gerald Krueger

Date

5/19/15

Printed name of Authorized Officer

Gerald Krueger

Title or position of Authorized Officer

Vice-President

Telephone number of Authorized Officer:

(309) 334 2150

Study Area Code of Reporting Carrier

34-1091

Filing Due Date for this form
(mm/dd/yyyy)

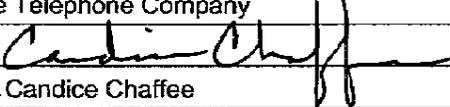
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier					Stelle Telephone Company						
Signature of Authorized Officer								Date		5/26/2015	
Printed name of Authorized Officer				Candice Chaffee							
Title or position of Authorized Officer				President							
Telephone number of Authorized Officer:				(815) 256-2345 ext.							
Study Area Code of Reporting Carrier		341092		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.											

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Reasnor Telephone Company LLC	
Signature of Authorized Officer			Date		
			05/28/2015		
Printed name of Authorized Officer				Michael Hatfield	
Title or position of Authorized Officer				General Manager	
Telephone number of Authorized Officer: (817) 838-1800, ext.					
Study Area Code of Reporting Carrier		350739	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ANDREW TEL CO INC**

Signature of Authorized Officer: **JoAnne Gregorich**

Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel co inc,l=LaMotte IA 52054, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **JoAnne Gregorich**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **563-773-2213**

Study Area Code of Reporting Carrier

351097

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ARCADIA TEL CO**

Signature of Authorized Officer: **Sheila Griffin**

Digitally signed by Sheila Griffin DN:cn=Sheila Griffin,email=sheilag@netins.net,O=arcadia tel co,l=Arcadia IA 51430, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer: **Sheila Griffin**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **712-689-2238**

Study Area Code of Reporting Carrier

351098

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ATKINS TEL CO, INC**

Signature of Authorized Officer: **Gerald Spaight**

Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel co, inc,IA=Atkins IA 52206, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer: **Gerald Spaight**

Title or position of Authorized Officer: **General Manager / Treasurer**

Telephone number of Authorized Officer: **319-446-7331**

Study Area Code of Reporting Carrier

351101

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **AYRSHIRE FARMERS MUT**

Signature of Authorized Officer: **Donald Miller**

Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=ayrshire farmers mut,l=Ayrshire IA 50515-0248, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Donald Miller**

Title or position of Authorized Officer: **Manager**

Telephone number of Authorized Officer: **712-776-2222**

Study Area Code of Reporting Carrier

351105

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: ALPINE COMM.					
Signature of Authorized Officer: Chris Hopp				<small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine comm.,l=Elkader IA 52043, Date:5/15/2015</small>	
Date: 5/15/2015					
Printed name of Authorized Officer: Chris Hopp					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-245-4480					
Study Area Code of Reporting Carrier	351106		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BALDWIN-NASHVILLE					
Signature of Authorized Officer: Brian Rickels				<small>Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville,I=Baldwin IA 52207-0050, Date:5/19/2015</small>	
Date: 5/19/2015					
Printed name of Authorized Officer: Brian Rickels					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 563-673-6001					
Study Area Code of Reporting Carrier	351107		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: <u>Barnes City Cooperative Telephone Company</u>			
Signature of Authorized Officer: <u>Doris M. Freeborn</u>			Date: <u>05/19/2015</u>
Printed name of Authorized Officer: <u>Doris M. Freeborn</u>			
Title or position of Authorized Officer: <u>Secretary/Treasurer</u>			
Telephone number of Authorized Officer: <u>(644) 644-5214 ext.</u>			
Study Area Code of Reporting Carrier: <u>35-1108</u>	Filing Due Date for this form (mm/dd/yyyy): <u>6/16/2015</u>		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

Post-it® Fax Note	7671	Date: <u>05/19/2015</u>	# of pages: <u>5</u>
To: <u>CAF Certifications</u>	From: <u>Doris M. Freeborn</u>		
Co./Dept: <u>NECA</u>	To: <u>Barnes City Coop. Telephone</u>		
Phone: <u>800-228-0180</u>	Phone: <u>(644) 644-5214</u>		
Fax: <u>800-367-5058</u>	Fax #: <u>(644) 644-5200</u>		

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BERNARD TEL CO INC**

Signature of Authorized Officer: **Kyle Manders**

Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel co inc,l=Bernard IA 52032-0068, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Kyle Manders**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **563-879-3203**

Study Area Code of Reporting Carrier

351110

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BREDA TEL CORP.**

Signature of Authorized Officer: **Jane Morlok**

Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=breda tel corp.,l=Breda IA 51436-0190, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer: **Jane Morlok**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **712-673-8101**

Study Area Code of Reporting Carrier

351112

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		Brooklyn Mutual Telecommunications Cooperative	
Signature of Authorized Officer		Date 5/18/2015	
Printed name of Authorized Officer		Tim Atkinson	
Title or position of Authorized Officer		General Manager & Compliance Officer	
Telephone number of Authorized Officer: (641) 522-9211 ext.			
Study Area Code of Reporting Carrier	351113	Filing Due Date for this form (mm/dd/yyyy)	5/18/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **TITONKA-BURT (BURT)**

Signature of Authorized Officer: **Vicky Nelson**

Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt(burt),l=Titonka IA 50480-0321, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Vicky Nelson**

Title or position of Authorized Officer: **Secretary-Treasurer**

Telephone number of Authorized Officer: **515-928-2110**

Study Area Code of Reporting Carrier

351114

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: BUTLER-BREMER MUTUAL

Signature of Authorized Officer: **Richard McBurney**

Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=butler-bremer mutual,l=Plainfield IA 50666-0099, Date:5/22/2015

Date: 5/22/2015

Printed name of Authorized Officer: Richard McBurney

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 319-276-4458

Study Area Code of Reporting Carrier

351115

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: CASCADE COMM. CO.					
Signature of Authorized Officer: David Gibson				Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade comm. co.,l=Cascade IA 52033-0250, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: David Gibson					
Title or position of Authorized Officer: General Manager/Compliance Officer					
Telephone number of Authorized Officer: 563-852-3710					
Study Area Code of Reporting Carrier	351118		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CASEY MUTUAL TEL CO					
Signature of Authorized Officer: John Breining				<small>Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel co,l=Casey IA 50048, Date:5/19/2015</small>	
Date: 5/19/2015					
Printed name of Authorized Officer: John Breining					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-746-2222					
Study Area Code of Reporting Carrier	351119		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Center Junction Telephone Company Inc			
Signature of Authorized Officer <i>Russ Benke</i>			Date 05/18/2015
Printed name of Authorized Officer Russ Benke			
Title or position of Authorized Officer Chief Operating Officer			
Telephone number of Authorized Officer: (563) 487-2631 ext.			
Study Area Code of Reporting Carrier	351121	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CENTRAL SCOTT TEL CO**

Signature of Authorized Officer: **Kent Dau**

Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel co,l=Eldridge IA 52748, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer: **Kent Dau**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **563-285-9611**

Study Area Code of Reporting Carrier

351125

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CITIZENS MUTUAL TEL**

Signature of Authorized Officer: **Joe Snyder**

Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=citizens mutual tel,l=Bloomfield IA 52537, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer: **Joe Snyder**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **641-664-2074**

Study Area Code of Reporting Carrier

351129

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: CLARENCE TEL CO					
Signature of Authorized Officer: Curtis Eldred				<small>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=cpeldre@netins.net,O=clarence tel co,l=Clarence IA 52216, Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer: Curtis Eldred					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 563-452-3852					
Study Area Code of Reporting Carrier	351130		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: CLEAR LAKE INDEPEND					
Signature of Authorized Officer: Thomas Lovell				Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@cltel.com,O=clear lake independ,i=Clear Lake IA 50428-0066, Date:5/16/2015	
Date: 5/16/2015					
Printed name of Authorized Officer: Thomas Lovell					
Title or position of Authorized Officer: General Manager/Vice President					
Telephone number of Authorized Officer: 641-357-2111					
Study Area Code of Reporting Carrier	351132		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				C-M-L Telephone Cooperative Association	
Signature of Authorized Officer			Date		5/18/15
Printed name of Authorized Officer			Bruce Johnson		
Title or position of Authorized Officer			GM/CEO		
Telephone number of Authorized Officer: (712) 443-8222 ext.					
Study Area Code of Reporting Carrier	351133	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier					Colo Telephone Company					
Signature of Authorized Officer				<i>Larry W. Springer</i>			Date		5 15 2015	
Printed name of Authorized Officer					Larry W. Springer					
Title or position of Authorized Officer					General Manager & CEO					
Telephone number of Authorized Officer:					(641) 377-2202 ext.					
Study Area Code of Reporting Carrier		351134		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.										

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Coon Creek Telephone Company	
Signature of Authorized Officer			Date		5/15/2015
Printed name of Authorized Officer			Debra Lucht		
Title or position of Authorized Officer			CEO		
Telephone number of Authorized Officer: (319) 454-6234 ext.					
Study Area Code of Reporting Carrier	351136	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

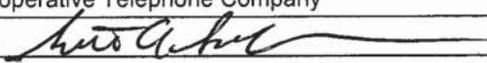
Name of Reporting Carrier		Coon Valley Coop Telephone	
Signature of Authorized Officer			
		Date 5-19-15	
Printed name of Authorized Officer		Jim Nelson	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer: () . ext.		641-524-2111	
Study Area Code of Reporting Carrier	351137	Filing Due Date for this form (mm/dd/yyyy)	6/15/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Cooperative Telephone Company			
Signature of Authorized Officer 			Date 5-18-2015
Printed name of Authorized Officer Scott A Schabacker			
Title or position of Authorized Officer Chief Operating Officer			
Telephone number of Authorized Officer: (319) 647-3115 ext.			
Study Area Code of Reporting Carrier	351139	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: CORN BELT TEL CO					
Signature of Authorized Officer: Larry Nepl				<small>Digitally signed by Larry Nepl DN:cn=Larry Nepl,email=combelt@netins.net,O=com belt tel co,l=Wall Lake IA 51466, Date:5/26/2015</small>	
Date: 5/26/2015					
Printed name of Authorized Officer: Larry Nepl					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 712-664-2499					
Study Area Code of Reporting Carrier	351141		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Cumberland Telephone Company**

Signature of Authorized Officer *Ronald Benton* Date **05/26/2015**

Printed name of Authorized Officer **Ronald Benton**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(712) 774-2221** ext.

Study Area Code of Reporting Carrier	351146	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: DANVILLE MUTUAL TEL

Signature of Authorized Officer: Timothy FencI

Digitally signed by Timothy FencI DN:cn=Timothy FencI,email=tfencI@danvilletelco.net,O=danville mutual tel,l=Danville IA 52623. Date:5/20/2015

Date: 5/20/2015

Printed name of Authorized Officer: Timothy FencI

Title or position of Authorized Officer: General Manager & CEO

Telephone number of Authorized Officer: 319-392-4251

Study Area Code of Reporting Carrier

351147

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FARMERS (DEFIANCE)**

Signature of Authorized Officer: **Thomas Conry**

Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (defiance),l=Harlan IA 51537-0311, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Thomas Conry**

Title or position of Authorized Officer: **General Manager/CEO**

Telephone number of Authorized Officer: **712-744-3131**

Study Area Code of Reporting Carrier

351149

Filing Due Date for this form (mm/dd/yyyy)

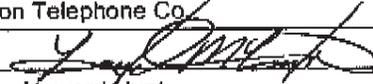
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Dixon Telephone Co			
Signature of Authorized Officer 		Date 5/15/2015	
Printed name of Authorized Officer Howard Hunt			
Title or position of Authorized Officer Manager			
Telephone number of Authorized Officer (563) 843-2901 ext.			
Study Area Code of Reporting Carrier	351150	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **DUMONT TEL CO**

Signature of Authorized Officer: **Roger Kregel**

Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@netins.net,O=dumont tel co,l=Dumont IA 50625-0349, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer: **Roger Kregel**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **641-857-3211**

Study Area Code of Reporting Carrier

351152

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<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 Dunkerton Telephone Cooperative			
Signature of Authorized Officer <i>Sue Bruns</i>			Date 5-15-15
Printed name of Authorized Officer Sue Bruns			
Title or position of Authorized Officer CEO			
Telephone number of Authorized Officer: (319) 822-4512 ext.			
Study Area Code of Reporting Carrier 351153	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier East Buchanan Telephone Cooperative				
Signature of Authorized Officer <i>Eugene A. Rorabaugh</i>			Date May 26, 2015	
Printed name of Authorized Officer Eugene A. Rorabaugh				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (319) 935-3011 , ext.				
Study Area Code of Reporting Carrier	351156	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: Ellsworth Cooperative Telephone Association				
Signature of Authorized Officer: 			Date: 5-19-2015	
Printed name of Authorized Officer: Kevin Bottorff				
Title or position of Authorized Officer: Secretary				
Telephone number of Authorized Officer: (515) 836-4431, ext.				
Study Area Code of Reporting Carrier	351157		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

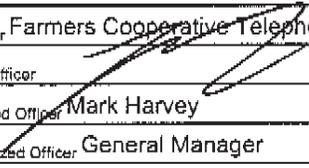
Name of Reporting Carrier Minburn Telecommunications, Inc.				
Signature of Authorized Officer <i>Debra Lucht</i>			Date 5/15/2015	
Printed name of Authorized Officer Debra Lucht				
Title or position of Authorized Officer GM/Assist. Secretary				
Telephone number of Authorized Officer: (515) 438-2200 ext.				
Study Area Code of Reporting Carrier	351158	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier F&B Communications, Inc.			
Signature of Authorized Officer: <i>Brenda Kay</i>			Date 5/19/2015
Printed name of Authorized Officer Brenda Kay			
Title or position of Authorized Officer Secretary/Treasurer			
Telephone number of Authorized Officer: (563) 374-1236 ext.			
Study Area Code of Reporting Carrier	351160	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
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.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Farmers Cooperative Telephone Company			
Signature of Authorized Officer: 			Date: 05/20/15
Printed name of Authorized Officer: Mark Harvey			
Title or position of Authorized Officer: General Manager			
Telephone number of Authorized Officer: (319) 476-7800 ext.			
Study Area Code of Reporting Carrier	351162	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FARMERS & MERCHANTS**

Signature of Authorized Officer: **Susie Stalder**

Digitally signed by Susie Stalder DN:cn=Susie Stalder,email=sstalder@farmtel.com,O=farmers & merchants,l=Wayland IA 52654-0247, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Susie Stalder**

Title or position of Authorized Officer: **Operations Manager**

Telephone number of Authorized Officer: **319-256-2736**

Study Area Code of Reporting Carrier

351166

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FARMERS MUTUAL COOP**

Signature of Authorized Officer: **Thomas Conry**

Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop,i=Harlan IA 51537-0311, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Thomas Conry**

Title or position of Authorized Officer: **General Manager/CEO**

Telephone number of Authorized Officer: **712-744-3131**

Study Area Code of Reporting Carrier

351168

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FARMERS MUTUAL COOP**

Signature of Authorized Officer: **Tammy Wheeler**

Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop,i=Moulton IA 52572, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Tammy Wheeler**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **641-642-3249**

Study Area Code of Reporting Carrier

351169

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FARMERS MUTUAL JESUP**

Signature of Authorized Officer: **Tony Lang**

Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual jesup,l=Jesup IA 50648-0249, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer: **Tony Lang**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **319-827-1151**

Study Area Code of Reporting Carrier

351171

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Farmers Mutual Telephone Company - Nora Springs	
Signature of Authorized Officer			Date 5/19/2015		
Printed name of Authorized Officer				Joshua Hyeem	
Title or position of Authorized Officer				Chief Operating Officer	
Telephone number of Authorized Officer: (641) 210-8445, ext.					
Study Area Code of Reporting Carrier		351172	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS MUTUAL COOP					
Signature of Authorized Officer: Mark Harrison				<small>Digitally signed by Mark Harrison DN:cn=Mark Harrison,email=mharrison@fmtcs.com,O=farmers mutual coop,l=Shellsburg IA 52332, Date:5/26/2015</small>	
Date: 5/26/2015					
Printed name of Authorized Officer: Mark Harrison					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-436-2224					
Study Area Code of Reporting Carrier	351173		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARMERS MUTUAL TEL					
Signature of Authorized Officer: Kevin Cabbage				<small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmcnet.com,O=farmers mutual tel,l=Stanton IA 51573-0220, Date:5/15/2015</small>	
Date: 5/15/2015					
Printed name of Authorized Officer: Kevin Cabbage					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-829-2111					
Study Area Code of Reporting Carrier	351174		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FARMERS TEL CO - BAT**

Signature of Authorized Officer: **Joe Snyder**

Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=farmers tel co - bat,l=Bloomfield IA 52537, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer: **Joe Snyder**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **641-664-2074**

Study Area Code of Reporting Carrier

351175

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FARMERS TEL CO-ESSEX**

Signature of Authorized Officer:

Tim Hill

Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel co-essex,I=Essex IA 51638, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Tim Hill**

Title or position of Authorized Officer: **Manager**

Telephone number of Authorized Officer: **712-379-3001**

Study Area Code of Reporting Carrier

351176

Filing Due Date for this form (mm/dd/yyyy)

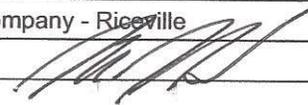
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Farmers Telephone Company - Riceville			
Signature of Authorized Officer 		Date 5/19/2015	
Printed name of Authorized Officer Joshua Hveem			
Title or position of Authorized Officer Chief Operating Officer			
Telephone number of Authorized Officer: (641) 210-8445 , ext.			
Study Area Code of Reporting Carrier	351177	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	Fenton Corp Tel. Co.		
Signature of Authorized Officer	<i>Steven C Longhenry</i>	Date	5-22-15
Printed name of Authorized Officer	Steven C. Longhenry		
Title or position of Authorized Officer	GM		
Telephone number of Authorized Officer:	(515) 889-2785 ext.		
Study Area Code of Reporting Carrier	351179	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: PARTNER COMM. COOP.

Signature of Authorized Officer: **Arthur Cooper**

Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=coop@pcctel.net,O=partner comm. coop.,l=, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer: Arthur Cooper

Title or position of Authorized Officer: Board President

Telephone number of Authorized Officer: 641-498-7701

Study Area Code of Reporting Carrier

351187

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <i>Goldfield Telephone Company</i>			
Signature of Authorized Officer <i>[Signature]</i>			Date <i>5-19-15</i>
Printed name of Authorized Officer <i>Jared Johnson</i>			
Title or position of Authorized Officer <i>General Manager</i>			
Telephone number of Authorized Officer: () - - ext. <i>(515) 825-3766</i>			
Study Area Code of Reporting Carrier	<i>351188</i>	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier River Valley Telecommunications Coop			
Signature of Authorized Officer 			Date 5/27/2015
Printed name of Authorized Officer Donald Mahan			
Title or position of Authorized Officer Vice-President			
Telephone number of Authorized Officer: (712) 859-3300 ext.			
Study Area Code of Reporting Carrier	351189	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **GRAND MOUND COOP TEL**

Signature of Authorized Officer: **Marcus Behnken**

Digitally signed by Marcus Behnken DN:cn=Marcus Behnken,email=mbehnken@gmcta.coop,O=grand mound coop tel,|=Grand Mound IA 52751, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer: **Marcus Behnken**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **563-847-3000**

Study Area Code of Reporting Carrier

351191

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **GRISWOLD CO-OP TEL**

Signature of Authorized Officer: **Amy McLaren**

Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym_gctc@netins.net,O=griswold co-op tel,l=Griswold IA 51535-0640, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Amy McLaren**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **712-778-2121**

Study Area Code of Reporting Carrier

351195

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **HAWKEYE TEL CO**

Signature of Authorized Officer: **Charles Gray**

Digitally signed by Charles Gray DN:cn=Charles Gray,email=cmgray@netins.net,O=hawkeye tel co,l=Hawkeye IA 52147, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer: **Charles Gray**

Title or position of Authorized Officer: **Secretary/Treasurer**

Telephone number of Authorized Officer: **563-427-3331**

Study Area Code of Reporting Carrier

351199

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **HOSPERS TEL EXCH INC**

Signature of Authorized Officer: **David Raak**

Digitally signed by David Raak DN:cn=David Raak,email=dave@hosperstel.com,O=hospers tel exch inc,l=Hospers IA 51238, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **David Raak**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **712-752-8100**

Study Area Code of Reporting Carrier

351202

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: HUBBARD COOP ASSN

Signature of Authorized Officer: David Lowe

Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop assn,I=Hubbard IA 50122-0428, Date:5/22/2015

Date: 5/22/2015

Printed name of Authorized Officer: David Lowe

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 641-864-2216

Study Area Code of Reporting Carrier

351203

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: HUXLEY COMM. COOP.

Signature of Authorized Officer: Gary Clark

Digitally signed by Gary Clark DN:cn=Gary Clark,email=garyc@huxleycommunications.net,O=huxley comm. coop.,l=Huxley IA 50124-0036, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer: Gary Clark

Title or position of Authorized Officer: General Manager and Executive VP

Telephone number of Authorized Officer: 515-597-2281

Study Area Code of Reporting Carrier

351205

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **IAMO TEL CO - IA**

Signature of Authorized Officer: **Jack Jones**

Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel co - ia,I=Coin IA 51636, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Jack Jones**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **712-583-3232**

Study Area Code of Reporting Carrier

351206

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: INTERSTATE 35 TEL CO					
Signature of Authorized Officer: Mike Weis				<small>Digitally signed by Mike Weis DN:cn=Mike Weis,email=mikew@interstatecom.com,O=interstate 35 tel co,l=Truro IA 50257-0229, Date:5/26/2015</small>	
Date: 5/26/2015					
Printed name of Authorized Officer: Mike Weis					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 641-765-4201					
Study Area Code of Reporting Carrier	351209		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **KALONA COOP TEL CO**

Signature of Authorized Officer: **Casey Peck**

Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey@kctc.net,O=kalona coop tel co,l=Kalona IA 52247-1208, Date:5/25/2015

Date: **5/25/2015**

Printed name of Authorized Officer: **Casey Peck**

Title or position of Authorized Officer: **Chief Financial Officer**

Telephone number of Authorized Officer: **319-656-3668**

Study Area Code of Reporting Carrier

351214

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Meyersdale Farms Corp Tel CO	
Signature of Authorized Officer			Date		
[Signature]			5-20-15		
Printed name of Authorized Officer					
Byron Picman					
Title or position of Authorized Officer					
General Manager					
Telephone number of Authorized Officer: 319 442 3241 ext.					
Study Area Code of Reporting Carrier		351217		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **LA PORTE CITY TEL CO**

Signature of Authorized Officer: **Chris Hopp**

Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel co,l=Elkader IA 52043, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Chris Hopp**

Title or position of Authorized Officer: **Executive Secretary**

Telephone number of Authorized Officer: **563-245-4480**

Study Area Code of Reporting Carrier

351220

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: LA MOTTE TEL CO					
Signature of Authorized Officer: JoAnne Gregorich				Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=la motte tel co,l=LaMotte IA 52054, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: JoAnne Gregorich					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-773-2213					
Study Area Code of Reporting Carrier	351222		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: LEHIGH VALLEY COOP					
Signature of Authorized Officer: Jim Suchan				<small>Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop,l=Lehigh IA 50557-0137, Date:5/18/2015</small>	
Date: 5/18/2015					
Printed name of Authorized Officer: Jim Suchan					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 515-359-2211					
Study Area Code of Reporting Carrier	351225		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Lone Rock Coop Tel. Co.			
Signature of Authorized Officer <i>Roger P. Jensen</i>			Date 5-18-2015
Printed name of Authorized Officer Roger P. Jensen			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (515) 825-3859 ext.			
Study Area Code of Reporting Carrier	351228	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
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. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

Received Time May. 15. 2:26PM

Transmittal No. 1455

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LOST NATION-ELWOOD					
Signature of Authorized Officer: Kelly Johnson				Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kelly@lnecomm.com,O=lost nation-elwood,l=Lost Nation IA 52254, Date:5/19/2015	
Date: 5/19/2015					
Printed name of Authorized Officer: Kelly Johnson					
Title or position of Authorized Officer: General Manager /CEO					
Telephone number of Authorized Officer: 563-678-2470					
Study Area Code of Reporting Carrier	351229		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Northeast Iowa Telephone Company			
Signature of Authorized Officer 			Date 5/18/2015
Printed name of Authorized Officer David Byers			
Title or position of Authorized Officer Assistant Secretary/GM			
Telephone number of Authorized Officer: (563) 539-2122 ext.			
Study Area Code of Reporting Carrier	351230	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

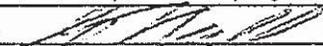
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Lynnville Telephone Company**

Signature of Authorized Officer



Date **5-26-15**

Printed name of Authorized Officer **Gary Neill**

Title or position of Authorized Officer **General Manager**

Telephone number of Authorized Officer: **(402) 477-1354** ext.

Study Area Code of Reporting Carrier

351232

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FARMERS (MANILLA)**

Signature of Authorized Officer: **Thomas Conry**

Digitally signed by Thomas Conry DN:cn=Thomas Conry, email=tcc@fmctc.com, O=farmers (manilla), l=Harlan IA 51537-0311, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer: **Thomas Conry**

Title or position of Authorized Officer: **General Manager/CEO**

Telephone number of Authorized Officer: **712-744-3131**

Study Area Code of Reporting Carrier

351235

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **MARNE & ELK HORN TEL**

Signature of Authorized Officer: **Janell Hansen**

Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=marne & elk horn tel,l=Elk Horn IA 51531, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Janell Hansen**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **712-764-6161**

Study Area Code of Reporting Carrier

351237

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<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 Martelle Cooperative Telephone Association			
Signature of Authorized Officer 			Date 5-26-2015
Printed name of Authorized Officer Hans Arwine			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (319) 482-2381 ext.			
Study Area Code of Reporting Carrier	351238	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **MASSENA TEL CO**

Signature of Authorized Officer: **Kathleen Foster**

Digitally signed by Kathleen Foster DN:cn=Kathleen Foster,email=kfoster@netins.net,O=massena tel co,l=Massena IA 50853, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer: **Kathleen Foster**

Title or position of Authorized Officer: **Secretary/Treasurer**

Telephone number of Authorized Officer: **712-779-2227**

Study Area Code of Reporting Carrier

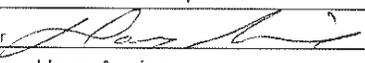
351239

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Mechanicsville Telephone				
Signature of Authorized Officer 				Date 5-26-2015
Printed name of Authorized Officer Hans Arwine				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (563) 432-7221 ext.				
Study Area Code of Reporting Carrier	351241	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	(blank)
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Miles Cooperative Telephone Association			
Signature of Authorized Officer: <i>Don Bales</i>			Date: 05/13/2015
Printed name of Authorized Officer: Donald Bales			
Title or position of Authorized Officer: General Manager			
Telephone number of Authorized Officer: (563) 682-7111 ext.			
Study Area Code of Reporting Carrier	351242	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Minburn Telephone Company	
Signature of Authorized Officer			<i>Debra Lucht</i>		Date
Printed name of Authorized Officer			Debra Lucht		
Title or position of Authorized Officer			GM/Assist. Secretary		
Telephone number of Authorized Officer:			(515) 677-2264 ext.		
Study Area Code of Reporting Carrier	351245	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **MINERVA VALLEY TEL**

Signature of Authorized Officer: **Levi Bappe**

Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=mvitv@netins.net,O=minerva valley tel,l=Zearing IA 50278-0176, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer: **Levi Bappe**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **641-487-7399**

Study Area Code of Reporting Carrier

351246

Filing Due Date for this form
(mm/dd/yyyy)

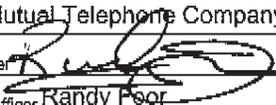
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Modern Cooperative Telephone Co.				
Signature of Authorized Officer <i>Jeffrey D. Brower</i>				Date 5-21-2015
Printed name of Authorized Officer Jeffrey D. Brower				
Title or position of Authorized Officer General Manager, COO				
Telephone number of Authorized Officer: (319) 667-2375 ext.				
Study Area Code of Reporting Carrier	351247	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	5/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Mutual Telephone Company of Morning Sun			
Signature of Authorized Officer 			Date 5/18/2015
Printed name of Authorized Officer Randy Peor			
Title or position of Authorized Officer Executive Vice President			
Telephone number of Authorized Officer: 719, 868 7636			
Study Area Code of Reporting Carrier	351250	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: MEDIAPOLIS TEL CO					
Signature of Authorized Officer: William Malcom				Digitally signed by William Malcom DN:cn=William Malcom,email=bmalcom@mepotelco.net,O=mediapolis tel co,l=Mediapolis IA 52637, Date:5/19/2015	
Date: 5/19/2015					
Printed name of Authorized Officer: William Malcom					
Title or position of Authorized Officer: General Manager & CEO					
Telephone number of Authorized Officer: 319-394-3456					
Study Area Code of Reporting Carrier	351251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: MUTUAL TEL CO					
Signature of Authorized Officer: Doug Boone				<small>Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=mutual tel co,l=Sioux Center IA 51250, Date:5/22/2015</small>	
Date: 5/22/2015					
Printed name of Authorized Officer: Doug Boone					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 712-722-3451					
Study Area Code of Reporting Carrier	351252		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier North English Cooperative Telephone Company			
Signature of Authorized Officer <i>Reed Ostberg</i>			Date 5/18/2015
Printed name of Authorized Officer Reed Ostberg			
Title or position of Authorized Officer COO			
Telephone number of Authorized Officer: (319) 664-3821 ext.			
Study Area Code of Reporting Carrier	351257	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **NORTHERN IOWA TEL CO**

Signature of Authorized Officer: **Doug Boone**

Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=northern iowa tel co,l=Sioux Center IA 51250, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer: **Doug Boone**

Title or position of Authorized Officer: **Chief Executive Officer**

Telephone number of Authorized Officer: **712-722-3451**

Study Area Code of Reporting Carrier

351259

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: NORTHWEST IOWA TEL					
Signature of Authorized Officer: Paul Bergmann				Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=paul.bergmann@longlines.biz,O=northwest iowa tel,l=Sergeant Bluff IA 51054, Date:5/21/2015	
Date: 5/21/2015					
Printed name of Authorized Officer: Paul Bergmann					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 712-271-5535					
Study Area Code of Reporting Carrier	351260		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **NORTHWEST TEL COOP**

Signature of Authorized Officer: **Donald Miller**

Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest tel coop,l=Havelock IA 50546, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Donald Miller**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **712-776-2222**

Study Area Code of Reporting Carrier

351261

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **COMM 1 NETWORK**

Signature of Authorized Officer: **Randy Yeakel**

Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=comm 1 network,l=Kanawha IA 50447, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Randy Yeakel**

Title or position of Authorized Officer: **General Manager/ Director**

Telephone number of Authorized Officer: **641-762-3772**

Study Area Code of Reporting Carrier

351262

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: OGDEN TEL CO - IA					
Signature of Authorized Officer: Gary Clark				<small>Digitally signed by Gary Clark DN:cn=Gary Clark,email=ogdentelgary@netins.net,O=ogden tel co - ia,l=Ogden IA 50212, Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer: Gary Clark					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 515-275-2050					
Study Area Code of Reporting Carrier	351263		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: OLIN TEL CO, INC					
Signature of Authorized Officer: Rodney Cozart				<small>Digitally signed by Rodney Cozart DN:cn=Rodney Cozart,email=olintel@netins.net,O=olin tel co, inc,l=Olin IA 52320-0130, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Rodney Cozart					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 319-484-2200					
Study Area Code of Reporting Carrier	351264		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Onslow Cooperative Telephone Association			
Signature of Authorized Officer <i>[Handwritten Signature]</i>			Date 05/18/2015
Printed name of Authorized Officer Russ A. Benke			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (563) 485-2833			
Study Area Code of Reporting Carrier	351265	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<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: Oran Mutual Telephone Company		Date: 05/18/2015	
Signature of Authorized Officer: <i>Barb Gruetzmacher</i>		Printed name of Authorized Officer: Barb Gruetzmacher	
Title or position of Authorized Officer: Secretary/Treasurer			
Telephone number of Authorized Officer: (319) 638-6006 ext.			
Study Area Code of Reporting Carrier: 351266	Filing Due Date for this form (mm/dd/yyyy): 6/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PALO COOP TEL ASSN					
Signature of Authorized Officer: Scott Hobson				Digitally signed by Scott Hobson DN:cn=Scott Hobson,email=shobsonpcta@netins.net,O=palo coop tel assn,l= , Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Scott Hobson					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-851-3431					
Study Area Code of Reporting Carrier	351269		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: PALMER MUTUAL TEL CO					
Signature of Authorized Officer: Andy Peterson				Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co,l=Palmer IA 50571, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Andy Peterson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 712-359-2411					
Study Area Code of Reporting Carrier	351270		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: PANORA COMM COOP

Signature of Authorized Officer: Andrew Randol

Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panorateelco.com,O=panora comm coop,l=Panora IA 50216, Date:5/19/2015

Date: 5/19/2015

Printed name of Authorized Officer: Andrew Randol

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 641-755-2424

Study Area Code of Reporting Carrier

351271

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PEOPLES TEL CO - IA**

Signature of Authorized Officer: **Curt Kawlewski**

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel co - ia, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Curt Kawlewski**

Title or position of Authorized Officer: **Chief Financial Officer**

Telephone number of Authorized Officer: **507-233-4172**

Study Area Code of Reporting Carrier

351273

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: PRAIRIEBURG TEL CO					
Signature of Authorized Officer: LaRae Reichenauer				Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel co,l= , Date:5/21/2015	
Date: 5/21/2015					
Printed name of Authorized Officer: LaRae Reichenauer					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 319-437-3611					
Study Area Code of Reporting Carrier	351275		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: PRESTON TEL CO					
Signature of Authorized Officer: Roger Kilburg				<small>Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestontel.com,O=preston tel co,l=Preston IA 52069-0167, Date:5/15/2015</small>	
Date: 5/15/2015					
Printed name of Authorized Officer: Roger Kilburg					
Title or position of Authorized Officer: Manager/Secretary-Treasurer					
Telephone number of Authorized Officer: 563-689-3811					
Study Area Code of Reporting Carrier	351276		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **RADCLIFFE TEL CO**

Signature of Authorized Officer: **Edwin Drake**

Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@netins.net,O=radcliffe tel co,l=Radcliffe IA 50230-0140, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Edwin Drake**

Title or position of Authorized Officer: **Manager**

Telephone number of Authorized Officer: **515-899-2341**

Study Area Code of Reporting Carrier

351277

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Ringsted Telephone Company			
Signature of Authorized Officer <i>[Handwritten Signature]</i>		Date 05/27/2015	
Printed name of Authorized Officer Daniel Nelsen			
Title or position of Authorized Officer Board President			
Telephone number of Authorized Officer: (712) 866-8000 ext.			
Study Area Code of Reporting Carrier	351280	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ROCKWELL COOP ASSN**

Signature of Authorized Officer: **David Severin**

Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop assn,I=Rockwell IA 50469, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **David Severin**

Title or position of Authorized Officer: **General Mgr/Assist Secretary-Treasurer**

Telephone number of Authorized Officer: **641-822-3212**

Study Area Code of Reporting Carrier

351282

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ROYAL TEL CO**

Signature of Authorized Officer: **Doug Nelson**

Digitally signed by Doug Nelson DN:cn=Doug Nelson,email=dnelson@royaltelco.com,O=royal tel co,l=Royal IA 51357, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Doug Nelson**

Title or position of Authorized Officer: **General Manager/CCO**

Telephone number of Authorized Officer: **712-933-2615**

Study Area Code of Reporting Carrier

351283

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: River Valley Telecommunications Coop			
Signature of Authorized Officer: 			Date: 5/27/2015
Printed name of Authorized Officer: Donald Mahan			
Title or position of Authorized Officer: Vice-President			
Telephone number of Authorized Officer: (712) 859-3300 ext.			
Study Area Code of Reporting Carrier	351284	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Sac County Mutual Telephone Company			
Signature of Authorized Officer <i>Ronald Sorensen</i>			Date 5/14/2015
Printed name of Authorized Officer Ronald Sorensen			
Title or position of Authorized Officer Compliance Officer			
Telephone number of Authorized Officer: (712) 668-2200 ext.			
Study Area Code of Reporting Carrier	351285	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2015
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SCHALLER TEL CO**

Signature of Authorized Officer: **Missy Kestel**

Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel co,l=Schaller IA 51053, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Missy Kestel**

Title or position of Authorized Officer: **Accounting General Manager**

Telephone number of Authorized Officer: **712-275-4211**

Study Area Code of Reporting Carrier

351291

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Searsboro Telephone Company**

Signature of Authorized Officer *[Handwritten Signature]*

Date **5-26-15**

Printed name of Authorized Officer **Gary Neill**

Title or position of Authorized Officer **General Manager**

Telephone number of Authorized Officer: **(402) 477-1354** ext.

Study Area Code of Reporting Carrier

351292

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: SHARON TEL CO					
Signature of Authorized Officer: Robert Schneider, Jr.				<small>Digitally signed by Robert Schneider, Jr. DN:cn=Robert Schneider, Jr.,email=sharontc@sharontc.net,O=sharon tel co,l=Hills IA 52235, Date:5/20/2015</small>	
Date: 5/20/2015					
Printed name of Authorized Officer: Robert Schneider, Jr.					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 319-679-2211					
Study Area Code of Reporting Carrier	351293		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SCRANTON TEL CO**

Signature of Authorized Officer: **Samuel Fengel**

Digitally signed by Samuel Fengel DN:cn=Samuel Fengel,email=jingles@netins.net,O=scranton tel co,l=Scranton IA 51462-0008, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Samuel Fengel**

Title or position of Authorized Officer: **Manager**

Telephone number of Authorized Officer: **712-652-3355**

Study Area Code of Reporting Carrier

351294

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: SHELL ROCK COMM

Signature of Authorized Officer: **Richard McBurney**

Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=shell rock comm,l=Plainfield IA 50666-0099, Date:5/22/2015

Date: 5/22/2015

Printed name of Authorized Officer: Richard McBurney

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 319-276-4458

Study Area Code of Reporting Carrier

351295

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: HEART OF IOWA COMM.

Signature of Authorized Officer: **Bryan Amundson**

Digitally signed by Bryan Amundson DN:cn=Bryan Amundson,email=bamundson@heartofiowa.coop,O=heart of iowa comm.,l=Union IA 50258-0130, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer: Bryan Amundson

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 641-486-2211

Study Area Code of Reporting Carrier

351297

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: SOUTH SLOPE COOP TEL					
Signature of Authorized Officer: Justyn Miller				<small>Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=south slope coop tel,l=North Liberty IA 52317, Date:5/15/2015</small>	
Date: 5/15/2015					
Printed name of Authorized Officer: Justyn Miller					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 319-626-2211					
Study Area Code of Reporting Carrier	351298		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SOUTHWEST TEL EXCH**

Signature of Authorized Officer: **Mike Weis**

Digitally signed by Mike Weis DN:cn=Mike Weis,email=mikew@interstatecom.com,O=southwest tel exch,l=Truro IA 50257-0229, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer: **Mike Weis**

Title or position of Authorized Officer: **Vice President**

Telephone number of Authorized Officer: **641-765-4201**

Study Area Code of Reporting Carrier

351301

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SPRINGVILLE COOP TEL**

Signature of Authorized Officer: **Jean Schilling**

Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvl@netins.net,O=springville coop tel,l=Springville IA 52336-0009, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer: **Jean Schilling**

Title or position of Authorized Officer: **Office Manager**

Telephone number of Authorized Officer: **319-854-6107**

Study Area Code of Reporting Carrier

351302

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Cooperative Telephone Exchange			
Signature of Authorized Officer <i>Marvin Ness</i>			Date 5/19/2015
Printed name of Authorized Officer Marvin Ness			
Title or position of Authorized Officer President, Board of Directors			
Telephone number of Authorized Officer: (515) 826-3206 ext.			
Study Area Code of Reporting Carrier	351303	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

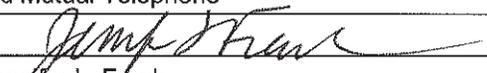
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: SO. SLOPE-SWISHER					
Signature of Authorized Officer: Justyn Miller				Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=so.slope-swisher,l=North Liberty IA 52317, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Justyn Miller					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 319-626-2211					
Study Area Code of Reporting Carrier	351304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Stratford Mutual Telephone			
Signature of Authorized Officer 			Date 5/26/15
Printed name of Authorized Officer Jennifer L. Frank			
Title or position of Authorized Officer Assistant Secretary			
Telephone number of Authorized Officer: (515) 838-2390 , ext.			
Study Area Code of Reporting Carrier	351305	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Sully Telephone Association				
Signature of Authorized Officer <i>Earl J De Angelo</i>			Date 5/19/2015	
Printed name of Authorized Officer Earl J De Angelo				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (641) 594-2905 ext.				
Study Area Code of Reporting Carrier	35-1306	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: <u>Superior Telephone Co-op</u>			
Signature of Authorized Officer: <u>Bob Soat</u>			Date: <u>5-13-15</u>
Printed name of Authorized Officer: <u>Bob Soat</u>			
Title or position of Authorized Officer: <u>Board President</u>			
Telephone number of Authorized Officer: () - ext. <u>712-858-4591</u>			
Study Area Code of Reporting Carrier	<u>351307</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</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 **Templeton Telephone Company**

Signature of Authorized Officer *Patricia Snyder*

Date **05/18/2015**

Printed name of Authorized Officer **Patricia Snyder**

Title or position of Authorized Officer **General Manager**

Telephone number of Authorized Officer: **(712) 669-3311** ext.

Study Area Code of Reporting Carrier **351308**

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **TERRIL TEL. COOP.**

Signature of Authorized Officer: **Douglas Nelson**

Digitally signed by Douglas Nelson DN:cn=Douglas Nelson,email=dnelson@terril.com,O=terril tel. coop.,l=Terril IA 51364-0100, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Douglas Nelson**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **712-853-6121**

Study Area Code of Reporting Carrier

351309

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **TITONKA-BURT**

Signature of Authorized Officer: **Vicky Nelson**

Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt,I=Titonka IA 50480-0321, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Vicky Nelson**

Title or position of Authorized Officer: **Secretary-Treasurer**

Telephone number of Authorized Officer: **515-928-2110**

Study Area Code of Reporting Carrier

351310

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: UNITED FARMERS TEL					
Signature of Authorized Officer: Roxanne White				<small>Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel,l=Every IA 51338, Date:5/27/2015</small>	
Date: 5/27/2015					
Printed name of Authorized Officer: Roxanne White					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 712-834-2211					
Study Area Code of Reporting Carrier	351316		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: VAN BUREN TEL CO					
Signature of Authorized Officer: Kevin Hranicka				Digitally signed by Kevin Hranicka DN:cn=Kevin Hranicka,email=hranicka@netins.net,O=van buren tel co,l=Keosauqua IA 52565-0430, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Kevin Hranicka					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-293-3187					
Study Area Code of Reporting Carrier	351319		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **VAN HORNE COOP TEL**

Signature of Authorized Officer: **Kerry Less**

Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop tel,l=Van Home IA 52346-0096, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Kerry Less**

Title or position of Authorized Officer: **CFO - Chief Financial Officer**

Telephone number of Authorized Officer: **319-228-8791**

Study Area Code of Reporting Carrier

351320

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: VENTURA TEL CO, INC					
Signature of Authorized Officer: Thomas Lovell				<small>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel co, inc,l=Clear Lake IA 50428-0066, Date:5/16/2015</small>	
Date: 5/16/2015					
Printed name of Authorized Officer: Thomas Lovell					
Title or position of Authorized Officer: General Manager/Vice President					
Telephone number of Authorized Officer: 641-357-2111					
Study Area Code of Reporting Carrier	351322		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **VILLISCA FARMERS TEL**

Signature of Authorized Officer: **Kevin Cabbage**

Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=villisca farmers tel,l=Stanton IA 51573-0220, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer: **Kevin Cabbage**

Title or position of Authorized Officer: **General Manager/CEO**

Telephone number of Authorized Officer: **712-829-2111**

Study Area Code of Reporting Carrier

351324

Filing Due Date for this form
(mm/dd/yyyy)

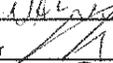
6/16/2015

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.

FD-302 (Rev. 11-20-03)

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier					WALNUT TELEPHONE COMPANY, INC						
Signature of Authorized Officer								Date		18 MAY 2015	
Printed name of Authorized Officer					BRUCE HEYNE						
Title or position of Authorized Officer					PRESIDENT / GENERAL MANAGER						
Telephone number of Authorized Officer:					712.784.2211 ext.						
Study Area Code of Reporting Carrier		351326		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015					
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>											

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **WEBB-DICKENS TEL**

Signature of Authorized Officer: **Doug Boone**

Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=webb-dickens tel,l=Sioux Center IA 51250, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer: **Doug Boone**

Title or position of Authorized Officer: **Chief Executive Officer**

Telephone number of Authorized Officer: **712-722-3451**

Study Area Code of Reporting Carrier

351327

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **WEBSTER-CALHOUN COOP**

Signature of Authorized Officer: **Daryl Carlson**

Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=darylc@wccta.com,O=webster-calhoun coop,l=Gowrie IA 50543, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer: **Daryl Carlson**

Title or position of Authorized Officer: **Executive Vice President**

Telephone number of Authorized Officer: **515-352-3151**

Study Area Code of Reporting Carrier

351328

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Wellman Cooperative Telephone Association				
Signature of Authorized Officer <i>Jayne Hochstedler</i>			Date 05/18/2015	
Printed name of Authorized Officer Jayne Hochstedler				
Title or position of Authorized Officer CFO				
Telephone number of Authorized Officer: (319) 646-6075 ext.				
Study Area Code of Reporting Carrier	351329	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: WEST IOWA TEL CO					
Signature of Authorized Officer: Robert Gannon				<small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel co,l=Remsen IA 51050-0330, Date:5/15/2015</small>	
Date: 5/15/2015					
Printed name of Authorized Officer: Robert Gannon					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 712-786-5572					
Study Area Code of Reporting Carrier	351331		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **WEST LIBERTY TEL CO**

Signature of Authorized Officer: **Craig Bieber**

Digitally signed by Craig Bieber DN:cn=Craig Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,l= , Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer: **Craig Bieber**

Title or position of Authorized Officer: **Controller/Treasurer**

Telephone number of Authorized Officer: **319-627-2145**

Study Area Code of Reporting Carrier

351332

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Western Iowa Telephone Association			
Signature of Authorized Officer <i>Russell E. Walker</i>			Date 05/18/2015
Printed name of Authorized Officer Russell E. Walker			
Title or position of Authorized Officer Board President			
Telephone number of Authorized Officer: (712) 944-5711 ext.			
Study Area Code of Reporting Carrier	351334	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: WESTSIDE INDEPENDENT					
Signature of Authorized Officer: Jane Morlok				<small>Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=westside independent,l=Breda IA 51436-0190, Date:5/22/2015</small>	
Date: 5/22/2015					
Printed name of Authorized Officer: Jane Morlok					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-673-8101					
Study Area Code of Reporting Carrier	351335		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: WILTON TEL CO					
Signature of Authorized Officer: Stacie Harris				<small>Digitally signed by Stacie Harris DN:cn=Stacie Harris,email=stacie@wtccommunications.com,O=wilton tel co,l=Wilton IA 52778-0970, Date:5/18/2015</small>	
Date: 5/18/2015					
Printed name of Authorized Officer: Stacie Harris					
Title or position of Authorized Officer: General Manager/CFO					
Telephone number of Authorized Officer: 563-732-3000					
Study Area Code of Reporting Carrier	351336		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

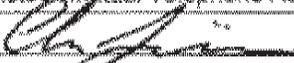
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Winnebago Cooperative Telecom Association	
Signature of Authorized Officer			<i>Mark Thoma</i>		Date
Printed name of Authorized Officer			Mark Thoma		5/15/2015
Title or position of Authorized Officer			General Manager		
Telephone number of Authorized Officer: (641) 592-6105 ext.					
Study Area Code of Reporting Carrier	351337	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: Woolstock Mutual Telephone Assn.			
Signature of Authorized Officer: 		Date: 05-14-2015	
Printed name of Authorized Officer: Chris Simmons			
Title or position of Authorized Officer: General Manager			
Telephone number of Authorized Officer: (515) 839-5571 ext.			
Study Area Code of Reporting Carrier:	351342	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: WYOMING MUTUAL TEL					
Signature of Authorized Officer: Debra Williams				<small>Digitally signed by Debra Williams DN:cn=Debra Williams,email=wyoming@netins.net,O=wyoming mutual tel,l=Wyoming IA 52362, Date:5/19/2015</small>	
Date: 5/19/2015					
Printed name of Authorized Officer: Debra Williams					
Title or position of Authorized Officer: Office Manager/Board Secretary					
Telephone number of Authorized Officer: 563-488-2535					
Study Area Code of Reporting Carrier	351343		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: PRAIRIE TEL CO					
Signature of Authorized Officer: Jane Morlok				<small>Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=prairie tel co,l=Breda IA 51436-0190, Date:5/22/2015</small>	
Date: 5/22/2015					
Printed name of Authorized Officer: Jane Morlok					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-673-8101					
Study Area Code of Reporting Carrier	351344		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: ACE TEL ASSN-IA

Signature of Authorized Officer: **Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel assn-ia,l=Houston MN 55943-0360, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer: Todd Roesler

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 507-896-6292

Study Area Code of Reporting Carrier

351346

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ALLIANCE-HILLS IA**

Signature of Authorized Officer: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills ia,I=Garretson SD 57030, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer: **Kari Flanagan**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **605-594-8228**

Study Area Code of Reporting Carrier

351405

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **Killduff Telephone Company**

Signature of Authorized Officer

Date: **5-28-15**

Printed name of Authorized Officer: **Gary Neill**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **(402) 477-1354, ext.**

Study Area Code of Reporting Carrier

351407

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<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: MABEL COOP TEL-IA					
Signature of Authorized Officer: Lorren Tingesdal				<small>Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabelltel.coop,O=mabel coop tel-ia,i=Mabel MN 55954-0368, Date:5/18/2015</small>	
Date: 5/18/2015					
Printed name of Authorized Officer: Lorren Tingesdal					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 507-493-5411					
Study Area Code of Reporting Carrier	351424		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Grand River Mutual Telephone Corporation				
Signature of Authorized Officer <i>Gregg Davis</i>			Date May 19, 2015	
Printed name of Authorized Officer Gregg Davis				
Title or position of Authorized Officer President, Board of Directors				
Telephone number of Authorized Officer: (660) 748-3231 , ext.				
Study Area Code of Reporting Carrier	351888	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
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.				

Carrier Cert