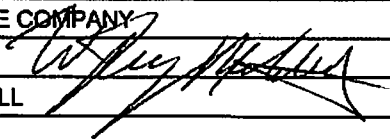



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier SENECA TELEPHONE COMPANY				
Signature of Authorized Officer 			Date 6/11/2015	
Printed name of Authorized Officer W. JAY MITCHELL				
Title or position of Authorized Officer PRESIDENT				
Telephone number of Authorized Officer: (417) 776-2247 , ext.				
Study Area Code of Reporting Carrier	421945		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **SENECA TELEPHONE COMPANY**

Signature of authorized officer

Date

6/11/2015

Printed name of authorized officer

W. JAY MITCHELL

Title or position of authorized officer

PRESIDENT

Telephone number of authorized officer:

(417) 776-2247

Study Area Code of Reporting Carrier

421945

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

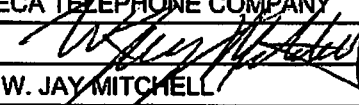
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 SENECA TELEPHONE COMPANY			
Signature of authorized officer 		Date	6/11/2015
Printed name of authorized officer W. JAY MITCHELL			
Title or position of authorized officer PRESIDENT			
Telephone number of authorized officer: (417) 776-2247			
Study Area Code of Reporting Carrier	421945	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

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