

VOLUME 1

APPENDIX F Exhibit 1

CARRIER CERTIFICATIONS Carriers not Seeking Duplicative Recovery

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: OXFORD WEST TEL CO</p>					
<p>Signature of Authorized Officer or employee: Dawna Hannan</p>				<p><small>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</small></p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer or employee: Dawna Hannan</p>					
<p>Title or position of Authorized Officer or employee: Director Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer or employee: 207-333-3455</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>100002</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2015</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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				Lincolnvill Networks, Inc.	
Signature of authorized officer			Date		05/21/15
Printed name of authorized officer			Shirley P Manning		
Title or position of authorized officer			President		
Telephone number of authorized officer: 207, 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: OXFORD COUNTY TEL</p>					
<p>Signature of Authorized Officer or employee: Dawna Hannan</p>				<p>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</p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer or employee: Dawna Hannan</p>					
<p>Title or position of Authorized Officer or employee: Director Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer or employee: 207-333-3455</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>100019</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2015</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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, the 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: PINE TREE TEL LLC					
Signature of Authorized Officer or employee: 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 or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 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 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 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: UNITEL, INC.</p>					
<p>Signature of Authorized Officer or employee: Laurie Osgood</p>				<p>Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@uninets.net,O=unitel, inc.,l=Unity ME 04988-0165, Date: 5/26/2015</p>	
<p>Date: 5/26/2015</p>					
<p>Printed name of Authorized Officer or employee: Laurie Osgood</p>					
<p>Title or position of Authorized Officer or employee: CEO/President</p>					
<p>Telephone number of Authorized Officer or employee: 207-948-9952</p>					
<p>Study Area Code of Reporting Carrier</p>	100029		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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, the 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: MID-MAINE TELECOM					
Signature of Authorized Officer or employee: Dennis Andrews				Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,l= , Date:5/20/2015	
				Date: 5/20/2015	
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 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 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, the 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: GRANBY TEL LLC					
Signature of Authorized Officer or employee: Dennis Andrews				Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=granby tel llc,lc= , Date:5/20/2015	
				Date: 5/20/2015	
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 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 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, the 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: RICHMOND TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Richard Drake Jr.					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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 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 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			
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 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, the 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: GRANITE STATE TEL					
Signature of Authorized Officer or employee: 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 or employee: Susan King					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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.					

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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, the 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: DIXVILLE TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Ann Walsh					
Title or position of Authorized Officer or employee: Assistant Secretary					
Telephone number of Authorized Officer or employee: 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.					

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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, the 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: DUNBARTON TEL CO					
Signature of Authorized Officer or employee: 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 or employee: David Montgomery					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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.					

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I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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: FRANKLIN TEL CO - VT					
Signature of Authorized Officer or employee: 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 or employee: Kimberly Gates Maynard					
Title or position of Authorized Officer or employee: Treasurer					
Telephone number of Authorized Officer or employee: 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.					

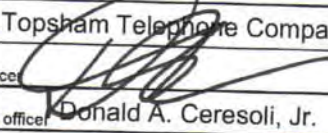
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: SHOREHAM TEL.					
Signature of Authorized Officer or employee: 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 or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 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 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					Topsham Telephone Company, Inc.				
Signature of authorized officer					Date				
					5/20/2015				
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 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, the 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: WAITSFIELD/FAYSTON					
Signature of Authorized Officer or employee: Roger Nishi				Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=mnishi@wcvr.com,O=waitsfield/fayston,l=Waifsfield VT 05673, Date:5/26/2015	
				Date: 5/26/2015	
Printed name of Authorized Officer or employee: Roger Nishi					
Title or position of Authorized Officer or employee: Vice President - Industry Relations					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier Vermont Telephone Co., Inc.			
Signature of authorized officer <i>Fran Stocker</i>		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			
Study Area Code of Reporting Carrier 147332		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>			

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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, the 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: ARMSTRONG TEL CO-NY					
Signature of Authorized Officer or employee: James Ranko				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-ny,l= , Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer or employee: James Ranko					
Title or position of Authorized Officer or employee: Director of Regulatory Compliance					
Telephone number of Authorized Officer or employee: 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.					

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: CASSADAGA TEL CORP</p>					
<p>Signature of Authorized Officer or employee: Mark Maytum</p>				<p><small>Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@df.tel.com,O=cassadaga tel corp,l=Fredonia NY 14063-0209, Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer or employee: Mark Maytum</p>					
<p>Title or position of Authorized Officer or employee: President, COO</p>					
<p>Telephone number of Authorized Officer or employee: 716-673-3016</p>					
Study Area Code of Reporting Carrier	150076		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>					

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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, the 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: CHAMPLAIN TEL CO					
Signature of Authorized Officer or employee: Mark Webster				Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel co,l=Champlain NY 12919, Date:5/18/2015	
				Date: 5/18/2015	
Printed name of Authorized Officer or employee: Mark Webster					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 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 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				CHAZY AND WESTPORT TELEPHONE CORPORATION			
Signature of authorized officer			<i>James P. Forcier</i>		Date		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	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

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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 Citizens Telephone Company of Hammond, NY, 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

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 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, the 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: CROWN POINT TEL CORP					
Signature of Authorized Officer or employee: Shana Macey				Digitally signed by Shana Macey DN:cn=Shana Macey,email=shana.macey@cptelco.net,O=crown point tel corp,I=Crown Point NY 12928, Date:5/21/2015	
				Date: 5/21/2015	
Printed name of Authorized Officer or employee: Shana Macey					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: DELHI TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Jason Miller					
Title or position of Authorized Officer or employee: Vice President/Treasurer					
Telephone number of Authorized Officer or employee: 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 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, the 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: DUNKIRK & FREDONIA					
Signature of Authorized Officer or employee: 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 or employee: Mark Maytum					
Title or position of Authorized Officer or employee: President, COO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: EMPIRE TEL CORP</p>					
<p>Signature of Authorized Officer or employee: Tom Prestigiacomio</p>				<p><small>Digitally signed by Tom Prestigiacomio DN:cn=Tom Prestigiacomio,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:5/21/2015</small></p>	
<p>Date: 5/21/2015</p>					
<p>Printed name of Authorized Officer or employee: Tom Prestigiacomio</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 607-522-4237</p>					
<p>Study Area Code of Reporting Carrier</p>	150093		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: FISHERS ISLAND TEL</p>					
<p>Signature of Authorized Officer or employee: J. Finan</p>				<p>Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=fishers island tel,l= , Date:5/19/2015</p>	
<p>Date: 5/19/2015</p>					
<p>Printed name of Authorized Officer or employee: J. Finan</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 631-788-7251</p>					
<p>Study Area Code of Reporting Carrier</p>	150095		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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, the 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: GERMANTOWN TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Bruce Bohnsack					
Title or position of Authorized Officer or employee: President and CEO					
Telephone number of Authorized Officer or employee: 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 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, the 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: HANCOCK TEL CO					
Signature of Authorized Officer or employee: Robert Wrighter, Jr				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	
				Date: 5/22/2015	
Printed name of Authorized Officer or employee: Robert Wrighter, Jr					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: MARGARETVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Glen Faulkner</p>				<p><small>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</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer or employee: Glen Faulkner</p>					
<p>Title or position of Authorized Officer or employee: Asst Secretary / Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 845-586-3311</p>					
Study Area Code of Reporting Carrier	150104		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 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, the 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: MIDDLEBURGH TEL CO					
Signature of Authorized Officer or employee: Marjorie Becker				Digitally signed by Marjorie Becker DN:cn=Marjorie Becker, email=info@midtel.net, O=middleburgh tel co, j=Middleburgh NY 12122-0191, Date: 5/21/2015	
Date: 5/21/2015					
Printed name of Authorized Officer or employee: Marjorie Becker					
Title or position of Authorized Officer or employee: CEO & General Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: NEWPORT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Joseph Tomaino</p>				<p><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></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer or employee: Joseph Tomaino</p>					
<p>Title or position of Authorized Officer or employee: Vice President of Operations</p>					
<p>Telephone number of Authorized Officer or employee: 315-845-8112</p>					
Study Area Code of Reporting Carrier	150107		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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: NICHOLVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Jeffrey McGrath</p>				<small>Digitally signed by Jeffrey McGrath DN: cn=Jeffrey McGrath, email=jmcgrath@slc.com, O=nicholville tel co, j=Nicholville NY 12965, Date: 5/22/2015</small> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer or employee: Jeffrey McGrath</p>					
<p>Title or position of Authorized Officer or employee: Vice President/CIO</p>					
<p>Telephone number of Authorized Officer or employee: 315-328-5333</p>					
Study Area Code of Reporting Carrier	150108		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 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, the 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: ONEIDA COUNTY RURAL					
Signature of Authorized Officer or employee: 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 or employee: Thomas Ellis					
Title or position of Authorized Officer or employee: Executive Vice President					
Telephone number of Authorized Officer or employee: 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 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, the 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: ONTARIO TEL CO, INC.					
Signature of Authorized Officer or employee: Sean Socha				<small>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=ontario tel co, inc.,l= , Date:5/22/2015</small> Date: 5/22/2015	
Printed name of Authorized Officer or employee: Sean Socha					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 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 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, the 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: PATTERSONVILLE TEL					
Signature of Authorized Officer or employee: 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 or employee: Tammy Krisher					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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.					

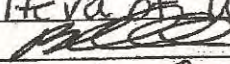
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: STATE TEL CO					
Signature of Authorized Officer or employee: Mark Evans				Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel co,l= , Date:5/19/2015	
Date: 5/19/2015					
Printed name of Authorized Officer or employee: Mark Evans					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 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.					

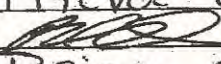
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: TRUMANSBURG TEL CO.					
Signature of Authorized Officer or employee: 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 or employee: Sean Socha					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 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 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	Altera 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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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	Altera of Warwick, LLC
Signature of authorized officer	 Date 5/26/15
Printed name of authorized officer	Brian Callahan
Title or position of authorized officer	Executive Vice President, CEO
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. §§ 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 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 Citizens Telephone Company of Kecksburg			
Signature of authorized officer 		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 <small>ext.</small>			
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: HICKORY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Grier Adamson</p>				<p>Digitally signed by Grier Adamson DN:cn=Grier Adamson,email=grier@hky.com,O=hickory tel co, Inc., Date:5/19/2015</p>	
<p>Date: 5/19/2015</p>					
<p>Printed name of Authorized Officer or employee: Grier Adamson</p>					
<p>Title or position of Authorized Officer or employee: CEO/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 724-356-2211</p>					
Study Area Code of Reporting Carrier	170171		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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: LACKAWAXEN TELECOM</p>					
<p>Signature of Authorized Officer or employee: Deborah Szmyd</p>				<p><small>Digitally signed by Deborah Szmyd DN: cn=Deborah Szmyd, email=deborah.szmyd@ltis.net, O=lackawaxen telecom, I=Rowland PA 18457, Date: 5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer or employee: Deborah Szmyd</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 570-685-1096</p>					
Study Area Code of Reporting Carrier	170177		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 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, the 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: LAUREL HIGHLAND TEL					
Signature of Authorized Officer or employee: James Kail				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	
				Date: 5/18/2015	
Printed name of Authorized Officer or employee: James Kail					
Title or position of Authorized Officer or employee: CEO & President					
Telephone number of Authorized Officer or employee: 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 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, the 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: ARMSTRONG TEL CO-PA					
Signature of Authorized Officer or employee: James Ranko				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-pa,l= , Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer or employee: James Ranko					
Title or position of Authorized Officer or employee: Director of Regulatory Compliance					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: NORTH-EASTERN PA TEL</p>					
<p>Signature of Authorized Officer or employee: Thomas Mendicino</p>				<p><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></p> <p>Date: 5/20/2015</p>	
<p>Printed name of Authorized Officer or employee: Thomas Mendicino</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 570-785-2210</p>					
Study Area Code of Reporting Carrier	170191		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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: NORTH PENN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Tom Prestigiacomio</p>				<p><small>Digitally signed by Tom Prestigiacomio DN:cn=Tom Prestigiacomio,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/21/2015</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer or employee: Tom Prestigiacomio</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 607-522-4237</p>					
Study Area Code of Reporting Carrier	170192		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 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, the 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: ARMSTRONG TEL NORTH					
Signature of Authorized Officer or employee: James Ranko				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel north,lc= , Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer or employee: James Ranko					
Title or position of Authorized Officer or employee: Director of Regulatory Compliance					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: PALMERTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Thomas Lager</p>				<p><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></p> <p>Date: 5/20/2015</p>	
<p>Printed name of Authorized Officer or employee: Thomas Lager</p>					
<p>Title or position of Authorized Officer or employee: Vice President of Operations</p>					
<p>Telephone number of Authorized Officer or employee: 610-826-9272</p>					
<p>Study Area Code of Reporting Carrier</p>	170196		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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				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			570-745-7601		
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 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, the 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: PYMATUNING IND TEL					
Signature of Authorized Officer or employee: 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 or employee: Deborah Nobles					
Title or position of Authorized Officer or employee: VP of Regulatory Affairs					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: SOUTH CANAAN TEL CO</p>					
<p>Signature of Authorized Officer or employee: James Kail</p>				<p><small>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</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer or employee: James Kail</p>					
<p>Title or position of Authorized Officer or employee: CEO & President</p>					
<p>Telephone number of Authorized Officer or employee: 724-593-2411</p>					
Study Area Code of Reporting Carrier	170205		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 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, the 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: VENUS TEL CORP					
Signature of Authorized Officer or employee: Janice Kline				<small>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</small> Date: 5/20/2015	
Printed name of Authorized Officer or employee: Janice Kline					
Title or position of Authorized Officer or employee: General Manager and Asst. Sec/Treas.					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: YUKON - WALTZ TEL CO</p>					
<p>Signature of Authorized Officer or employee: James Kail</p>				<small>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</small> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer or employee: James Kail</p>					
<p>Title or position of Authorized Officer or employee: CEO & President</p>					
<p>Telephone number of Authorized Officer or employee: 724-593-2411</p>					
Study Area Code of Reporting Carrier	170215		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 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, the 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: WEST SIDE TEL CO-PA					
Signature of Authorized Officer or employee: John Ludenia				Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa,l= , Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer or employee: John Ludenia					
Title or position of Authorized Officer or employee: V.P. Operations, General manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: ARMSTRONG TEL OF MD					
Signature of Authorized Officer or employee: James Ranko				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel of md,l= , Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer or employee: James Ranko					
Title or position of Authorized Officer or employee: Director of Regulatory Compliance					
Telephone number of Authorized Officer or employee: 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.					


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TRANSPORT DEPT

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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 SI.917(d)(vii).			
Name of Reporting Carrier Buggs Island Telephone Cooperative			
Signature of authorized officer 		Date	5-21-15
Printed name of authorized officer Jerry Jones			
Title or position of authorized officer President			
Telephone number of authorized officer: (434) 636-2274			
Study Area Code of Reporting Carrier	190219	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1044.			

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, the 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: BURKE'S GARDEN TEL					
Signature of Authorized Officer or employee: Missy Lynch				<small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgto.net,O=burke's garden tel,lc=US, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer or employee: Missy Lynch					
Title or position of Authorized Officer or employee: Office Manager/Secretary					
Telephone number of Authorized Officer or employee: 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 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, the 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: CITIZENS TEL COOP					
Signature of Authorized Officer or employee: 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 or employee: Greg Sapp					
Title or position of Authorized Officer or employee: CEO & General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: HIGHLAND TEL COOP					
Signature of Authorized Officer or employee: Ruth Newman				<small>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</small> Date: 5/21/2015	
Printed name of Authorized Officer or employee: Ruth Newman					
Title or position of Authorized Officer or employee: Co-General Manager/Secretary					
Telephone number of Authorized Officer or employee: 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 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, the 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: MGW TEL. CO. INC.					
Signature of Authorized Officer or employee: Sheri Smith				Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw tel. co. inc.,l= , Date:5/18/2015	
				Date: 5/18/2015	
Printed name of Authorized Officer or employee: Sheri Smith					
Title or position of Authorized Officer or employee: Treasurer					
Telephone number of Authorized Officer or employee: 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 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, the 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: NEW HOPE TEL COOP					
Signature of Authorized Officer or employee: Laurie Hensley				Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,l=New Hope VA 24469, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer or employee: Laurie Hensley					
Title or position of Authorized Officer or employee: Secretary-Treasurer					
Telephone number of Authorized Officer or employee: 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 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 Pembroke Telephone Cooperative				
Signature of authorized officer 			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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: SCOTT COUNTY COOP</p>					
<p>Signature of Authorized Officer or employee: Daniel Odom</p>				<p><small>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</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer or employee: Daniel Odom</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 276-452-7224</p>					
Study Area Code of Reporting Carrier	190248		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 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, the 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: LUMOS TEL. BOTETOURT					
Signature of Authorized Officer or employee: Mary McDermott				Digitally signed by Mary McDermott DN:cn=Mary McDermott,email=mcdermottm@lumosnet.com,O=lumos tel. botetourt,l=Waynesboro VA 22980, Date:5/22/2015	
				Date: 5/22/2015	
Printed name of Authorized Officer or employee: Mary McDermott					
Title or position of Authorized Officer or employee: Senior VP, Legal and Regulatory Affairs					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: SHENANDOAH TEL CO</p>					
<p>Signature of Authorized Officer or employee: Thomas Reed</p>				<p><small>Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas.reed@emp.shentel.com,O=shenandoah tel co, Date:5/26/2015</small></p>	
<p>Date: 5/26/2015</p>					
<p>Printed name of Authorized Officer or employee: Thomas Reed</p>					
<p>Title or position of Authorized Officer or employee: Controller of Financial Reporting</p>					
<p>Telephone number of Authorized Officer or employee: 540-984-5295</p>					
<p>Study Area Code of Reporting Carrier</p>	190250		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: SHENANDOAH - NR</p>					
<p>Signature of Authorized Officer or employee: Thomas Reed</p>				<p><small>Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas.reed@emp.shentel.com,O=shenandoah - nr, Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer or employee: Thomas Reed</p>					
<p>Title or position of Authorized Officer or employee: Controller of Financial Reporting</p>					
<p>Telephone number of Authorized Officer or employee: 540-984-5295</p>					
<p>Study Area Code of Reporting Carrier</p>	197251		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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, the 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: ARMSTRONG OF WV					
Signature of Authorized Officer or employee: James Ranko				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong of wv,l= , Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer or employee: James Ranko					
Title or position of Authorized Officer or employee: Director of Regulatory Compliance					
Telephone number of Authorized Officer or employee: 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 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, the 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: SPRUCE KNOB SENECA					
Signature of Authorized Officer or employee: Vickie Colaw				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	
Date: 5/21/2015					
Printed name of Authorized Officer or employee: Vickie Colaw					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: WAR TEL LLC					
Signature of Authorized Officer or employee: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,l= , Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 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 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, the 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: HARDY TELECOM					
Signature of Authorized Officer or employee: Scott Sherman				<small>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom,l= , Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer or employee: Scott Sherman					
Title or position of Authorized Officer or employee: General Manager & CEO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: ARMSTRONG TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: James Ranko</p>				<p><small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel. co.,l= , Date:5/19/2015</small></p>	
<p>Date: 5/19/2015</p>					
<p>Printed name of Authorized Officer or employee: James Ranko</p>					
<p>Title or position of Authorized Officer or employee: Director of Regulatory Compliance</p>					
<p>Telephone number of Authorized Officer or employee: 724-283-0925</p>					
<p>Study Area Code of Reporting Carrier</p>	200267		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: WEST SIDE TEL-WV</p>					
<p>Signature of Authorized Officer or employee: John Ludenia</p>				<p>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jjudenia@westsidetel.com,O=west side tel-wv,l= , Date:5/18/2015</p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer or employee: John Ludenia</p>					
<p>Title or position of Authorized Officer or employee: V.P. Operations, General manager</p>					
<p>Telephone number of Authorized Officer or employee: 304-983-8642</p>					
<p>Study Area Code of Reporting Carrier</p>	200277		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
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	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: NORTHEAST FLORIDA</p>					
<p>Signature of Authorized Officer or employee: Deborah Nobles</p>				<p>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</p>	
<p>Date: 5/22/2015</p>					
<p>Printed name of Authorized Officer or employee: Deborah Nobles</p>					
<p>Title or position of Authorized Officer or employee: VP of Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer or employee: 904-259-0029</p>					
Study Area Code of Reporting Carrier	210335		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>					

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				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		
Study Area Code of Reporting Carrier		220324	Filing Due Date for this form (mm/dd/yyyy)		5/14/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: ALMA TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Kevin Brooks					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: BRANTLEY TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Donovan Strickland					
Title or position of Authorized Officer or employee: Vice President/General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: BULLOCH COUNTY RURAL					
Signature of Authorized Officer or employee: John Scott				<small>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch county rural,l= , Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer or employee: John Scott					
Title or position of Authorized Officer or employee: General Manager/COO					
Telephone number of Authorized Officer or employee: 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.					

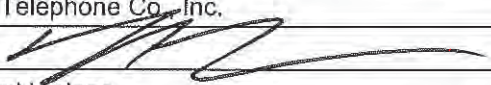
TO BE COMPLETED BY THE REPORTING CARRIER,



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.				

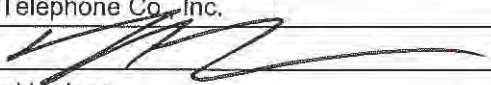


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: GLENWOOD TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Janice O'Brien					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: HART TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Randy Daniel					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: COMSOUTH TELECOMM</p>					
<p>Signature of Authorized Officer or employee: Scott Obert-Thorn</p>				<small>Digitally signed by Scott Obert-Thorn DN:cn=Scott Obert-Thorn,email=scott@comsouth.net,O=comsouth telecom, =Hawkinsville GA 31306, Date:5/20/2015</small> <p>Date: 5/20/2015</p>	
<p>Printed name of Authorized Officer or employee: Scott Obert-Thorn</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 478-783-4001</p>					
Study Area Code of Reporting Carrier	220369		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 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, the 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: PEMBROKE TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Mary Anna Hite					
Title or position of Authorized Officer or employee: Secretary-Treasurer/General Manager					
Telephone number of Authorized Officer or employee: 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 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 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 220377

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

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: PLANTERS RURAL COOP					
Signature of Authorized Officer or employee: 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 or employee: John Lacienski					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: PLANT TEL. CO.					
Signature of Authorized Officer or employee: Gordon Duff				Digitally signed by Gordon Duff DN:cn=Gordon Duff,email=gduff@planttel.net,O=plant tel. co.,l=Tifton GA 31793-0187, Date:5/19/2015	
Date: 5/19/2015					
Printed name of Authorized Officer or employee: Gordon Duff					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 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.					

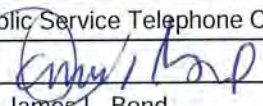
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: PROGRESSIVE RURAL					
Signature of Authorized Officer or employee: 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 or employee: Ron Chambers					
Title or position of Authorized Officer or employee: Office Manager					
Telephone number of Authorized Officer or employee: 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 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					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 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 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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: TRENTON TEL CO					
Signature of Authorized Officer or employee: Steven Tatum				<small>Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel co,l= , Date:5/22/2015</small> Date: 5/22/2015	
Printed name of Authorized Officer or employee: Steven Tatum					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 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 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, the 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: WAVERLY HALL, LLC					
Signature of Authorized Officer or employee: 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 or employee: Deborah Rand					
Title or position of Authorized Officer or employee: Vice President Administration & Support					
Telephone number of Authorized Officer or employee: 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 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, the 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: WILKES TEL & ELC CO					
Signature of Authorized Officer or employee: 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:5/26/2015	
Date: 5/26/2015					
Printed name of Authorized Officer or employee: April Dyson					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: ELLERBE TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Dan Bennett					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 910-652-2221					
Study Area Code of Reporting Carrier	230478		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				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				
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 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					North State Telephone d.b.a. North State Communications														
Signature of authorized officer					<i>Lynn B. Welborn</i>					Date					Sep. 10, 2015				
Printed name of authorized officer					Lynn B. Welborn														
Title or position of authorized officer					Vice President and 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)					Sept 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
<p>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).</p>				
Name of Reporting Carrier Town of Pineville dba Pineville Telephone Company				
Signature of authorized officer <i>Dan W. Crech</i>		Date 5/26/15		
Printed name of authorized officer Gary W. Crech				
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		
<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>				

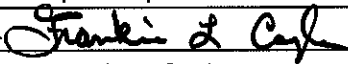
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
<p>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).</p>				
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				
Study Area Code of Reporting Carrier 230496		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 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				Randolph Telephone Membership Corporation	
Signature of authorized officer				Date	9/4/2015
Printed name of authorized officer		Frankie L. Cagle			
Title or position of authorized officer		CEO/General Manager			
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)	Sept 2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: SURRY MEMBERSHIP</p>					
<p>Signature of Authorized Officer or employee: Curtis Taylor</p>				<p>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/15/2015</p>	
				<p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer or employee: Curtis Taylor</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 336-374-4535</p>					
Study Area Code of Reporting Carrier	230497		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 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, the 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: STAR MEMBERSHIP CORP					
Signature of Authorized Officer or employee: 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 or employee: Lyman Horne					
Title or position of Authorized Officer or employee: EVP & General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: SURRY MEMBERSHIP					
Signature of Authorized Officer or employee: Curtis Taylor				Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer or employee: Curtis Taylor					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 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 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, the 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: TRI COUNTY TEL MEMBR					
Signature of Authorized Officer or employee: Gregory Coltrain				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	
				Date: 5/26/2015	
Printed name of Authorized Officer or employee: Gregory Coltrain					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: WILKES MEMBERSHIP					
Signature of Authorized Officer or employee: Eric Cramer				Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkes.net,O=wilkes membership,l= , Date:5/22/2015	
Date: 5/22/2015					
Printed name of Authorized Officer or employee: Eric Cramer					
Title or position of Authorized Officer or employee: CEO and General Manager					
Telephone number of Authorized Officer or employee: 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 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				Wilkes Telephone Membership Corporation	
Signature of authorized officer			Date		09/03/2015
Printed name of authorized officer			Eric S. Cramer		
Title or position of authorized officer			Chief Executive Officer		
Telephone number of authorized officer:			(336) 973-3103		
Study Area Code of Reporting Carrier		230510	Filing Due Date for this form (mm/dd/yyyy)	Sept 2015	

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

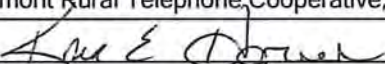
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: PALMETTO RURAL COOP</p>					
<p>Signature of Authorized Officer or employee: Dewaine Wilson</p>				<p><small>Digitally signed by Dewaine Wilson DN: cn=Dewaine Wilson, email=dewaine.wilson@prtc.coop, O=palmetto rural coop, I= , Date: 5/22/2015</small></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer or employee: Dewaine Wilson</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 843 538-9382</p>					
Study Area Code of Reporting Carrier	240536		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 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					Piedmont Rural Telephone Cooperative, Inc.						
Signature of authorized officer								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 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, the 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: PBT TELECOM, INC.					
Signature of Authorized Officer or employee: L. Spearman				Digitally signed by L. Spearman DN:cn=L. Spearman,email=bspearman@pbttel.net,O=pbt telecom, inc.,l= , Date:5/20/2015	
				Date: 5/20/2015	
Printed name of Authorized Officer or employee: L. Spearman					
Title or position of Authorized Officer or employee: Director of Business Development					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: SANDHILL TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Lee Chambers</p>				<p><small>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</small></p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer or employee: Lee Chambers</p>					
<p>Title or position of Authorized Officer or employee: CEO/Manager</p>					
<p>Telephone number of Authorized Officer or employee: 843-658-6379</p>					
<p>Study Area Code of Reporting Carrier</p>	240546		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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, the 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: WEST CAROLINA RURAL					
Signature of Authorized Officer or employee: 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 or employee: Jeff Wilson					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 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 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, the 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: BLOUNTSVILLE TEL LLC					
Signature of Authorized Officer or employee: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville tel llc,l= , Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

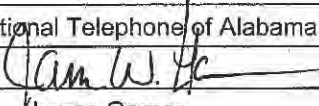
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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		Castleberry Telephone Co., Inc.	
Signature of authorized officer		Date	5-16-15
Printed name of authorized officer		Homer Holland	
Title or position of authorized officer		Sec/Treas	
Telephone number of authorized officer		(251) 966-2115 ext.	
Study Area Code of Reporting Carrier	250285	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 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 National Telephone of Alabama, 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	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 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				Farmers Telecommunications Cooperative, Inc.	
Signature of authorized officer			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 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				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		
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: HAYNEVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Evelyn Causey</p>				<p>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</p>	
<p>Date: 5/26/2015</p>					
<p>Printed name of Authorized Officer or employee: Evelyn Causey</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 334-548-2101</p>					
<p>Study Area Code of Reporting Carrier</p>	250299		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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, the 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: HOPPER TELECOMM. LLC					
Signature of Authorized Officer or employee: Dennis Andrews				Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=hopper telecomm. llc,l= , Date:5/20/2015	
				Date: 5/20/2015	
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 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 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, the 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: MILLRY TEL CO					
Signature of Authorized Officer or employee: Bobby Williams				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	
				Date: 5/18/2015	
Printed name of Authorized Officer or employee: Bobby Williams					
Title or position of Authorized Officer or employee: Vice President and Assistant Secretary					
Telephone number of Authorized Officer or employee: 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.					

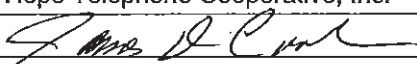
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: MON-CRE TEL COOP					
Signature of Authorized Officer or employee: Teresa Rich				Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel coop,l=Ramer AL 36069, Date:5/21/2015	
				Date: 5/21/2015	
Printed name of Authorized Officer or employee: Teresa Rich					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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 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, the 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: MOUNDVILLE TEL CO					
Signature of Authorized Officer or employee: 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 or employee: R. Taylor					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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 New Hope Telephone Cooperative, Inc.				
Signature of authorized officer 		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				
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 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, the 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: PINE BELT TEL CO					
Signature of Authorized Officer or employee: 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 or employee: John Nettles					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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 RAGLAND TELEPHONE CO., INC.			
Signature of authorized officer <i>Stephanie Jackson</i>		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			
Study Area Code of Reporting Carrier	250316	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

Persons 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 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 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	250317	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: UNION SPRINGS TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Larry Grogan					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: BALLARD RURAL COOP					
Signature of Authorized Officer or employee: Randy Grogan				Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural coop,l=La Center KY 42056, Date:5/26/2015	
				Date: 5/26/2015	
Printed name of Authorized Officer or employee: Randy Grogan					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 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 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 Brandenburg Telephone Company, Inc.				
Signature of authorized officer <i>Allison Willoughby</i>			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 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, the 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: DUO COUNTY TEL COOP					
Signature of Authorized Officer or employee: Daryl Hammond				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	
				Date: 5/18/2015	
Printed name of Authorized Officer or employee: Daryl Hammond					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 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 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, the 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: FOOTHILLS RURAL COOP					
Signature of Authorized Officer or employee: 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 or employee: Ruth Conley					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: LOGAN TEL. COOP. INC</p>					
<p>Signature of Authorized Officer or employee: Gregory Hale</p>				<p>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</p>	
<p>Date: 5/15/2015</p>					
<p>Printed name of Authorized Officer or employee: Gregory Hale</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Executive V.P.</p>					
<p>Telephone number of Authorized Officer or employee: 270-542-4121</p>					
Study Area Code of Reporting Carrier	260413		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 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				Mountain Rural Telephone Coop. Corp., Inc.	
Signature of authorized officer			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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
<p>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).</p>				
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				
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: THACKER/GRIGSBY TEL</p>					
<p>Signature of Authorized Officer or employee: William Grigsby</p>				<p><small>Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,I=Hindman KY 41822, Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer or employee: William Grigsby</p>					
<p>Title or position of Authorized Officer or employee: Vice-President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 606-785-9500</p>					
<p>Study Area Code of Reporting Carrier</p>	260419		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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					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					
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 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, the 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: CAMERON TEL CO - LA					
Signature of Authorized Officer or employee: 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 or employee: Bruce Petry					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: CAMPTI-PLEASANT HILL					
Signature of Authorized Officer or employee: Tom Edens				Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campiti-pleasant hill,l=Natchitoches LA 71458, Date:5/22/2015	
Date: 5/22/2015					
Printed name of Authorized Officer or employee: Tom Edens					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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 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 Delcambre Telephone Co. LLC				
Signature of authorized officer <i>Matt LeBlanc</i>		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 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, the 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: ELIZABETH TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Bruce Petry					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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	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 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, the 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: LAFOURCHE TEL CO					
Signature of Authorized Officer or employee: Peter Louviere				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	
				Date: 5/21/2015	
Printed name of Authorized Officer or employee: Peter Louviere					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 985-693-0265					
Study Area Code of Reporting Carrier	270433		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: NORTHEAST LOUISIANA					
Signature of Authorized Officer or employee: Mike George				Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,j=Collinston LA 71229, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer or employee: Mike George					
Title or position of Authorized Officer or employee: President / General Manager					
Telephone number of Authorized Officer or employee: 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.					

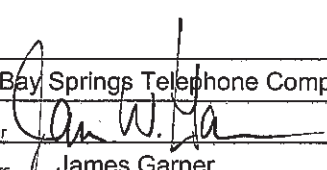
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: RESERVE TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Scott Small					
Title or position of Authorized Officer or employee: Exec. Vice President					
Telephone number of Authorized Officer or employee: 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 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, the 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: STAR TEL CO					
Signature of Authorized Officer or employee: Rebecca Knighten				Digitally signed by Rebecca Knighten DN:cn=Rebecca Knighten,email=rebeccaknighten@star.brcoxmail.com,O=star tel co, Inc., Date:5/19/2015	
Date: 5/19/2015					
Printed name of Authorized Officer or employee: Rebecca Knighten					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 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 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	Bay Springs 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	280446	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



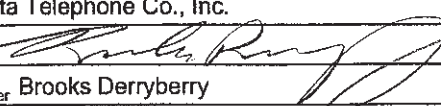
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
<p>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).</p>				
Name of Reporting Carrier Bruce Telephone Company				
Signature of authorized officer <i>Donna F Alexander</i>			Date	5/20/2015
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				
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 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, the 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: DECATUR TEL CO -MS					
Signature of Authorized Officer or employee: 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 or employee: Esther Smith					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 601-635-2251					
Study Area Code of Reporting Carrier	280451		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Delta Telephone Co., Inc.			
Signature of authorized officer 		Date	5/15/2015
Printed name of authorized officer Brooks Derryberry			
Title or position of authorized officer Vice President/General Manager			
Telephone number of authorized officer: (601) 355-1522 ext.			
Study Area Code of Reporting Carrier 280452		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Franklin Telephone Co., Inc.			
Signature of authorized officer Wade H. Creekmore, Jr.		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)	6/15/2015
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
<p>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).</p>				
Name of Reporting Carrier Fulton Telephone Company				
Signature of authorized officer <i>Donna F Alexander</i>			Date 5/20/2015	
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				
Study Area Code of Reporting Carrier 280455		Filing Due Date for this form (mm/dd/yyyy) 6/16/2015		
<p>Persons wilfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 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, the 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: GEORGETOWN TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Joie Miller					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 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 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, the 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: LAKESIDE TEL. CO.					
Signature of Authorized Officer or employee: 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 or employee: Robert Sledge Jr.					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: NOXAPATER TEL CO					
Signature of Authorized Officer or employee: 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 or employee: John Pearce					
Title or position of Authorized Officer or employee: President/CEO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier Mound Bayou Telephone & Communications, Inc.			
Signature of authorized officer <i>Donna F Alexander</i>		Date 5/20/2015	
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			
Study Area Code of Reporting Carrier 280462		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 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, the 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: SLEDGE TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Robert Sledge Jr.					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: SMITHVILLE TEL CO					
Signature of Authorized Officer or employee: Roger Thompson				Digitally signed by Roger Thompson DN:cn=Roger Thompson,email=rogert@traceroad.net,O=smithville tel co,l=Smithville MS 38870, Date:5/18/2015	
				Date: 5/18/2015	
Printed name of Authorized Officer or employee: Roger Thompson					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 662-651-4131					
Study Area Code of Reporting Carrier	280467		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Ardmore Telephone Company, 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		
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 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 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				
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 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				Bledsoe Telephone Cooperative, Inc.	
Signature of authorized officer			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 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		Bledsoe Telephone Cooperative Corporation, Inc.	
Signature of authorized officer	<i>Charles H. Boring</i>	Date	September 9, 2015
Printed name of authorized officer		Charles H. Boring	
Title or position of authorized officer		General Manager	
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)	Sept 2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Crockett 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	290561	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Crockett Telephone Company, Inc.	
Signature of authorized officer			Date		September 8, 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)	Sept 2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: DEKALB TEL COOP					
Signature of Authorized Officer or employee: Joe Mitchell				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	
				Date: 5/19/2015	
Printed name of Authorized Officer or employee: Joe Mitchell					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 615-464-2254					
Study Area Code of Reporting Carrier	290562		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Highland Telephone Cooperative, 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 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				Highland Telephone Cooperative, Inc.	
Signature of authorized officer			Date		9/10/2015
Printed name of authorized officer					
G Mark Patterson					
Title or position of authorized officer					
CEO - 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)	Sept 2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: LORETTO TEL CO</p>					
<p style="text-align: center;">Desda Hutchins</p> <p>Signature of Authorized Officer or employee:</p>				<p><small>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</small></p> <p>Date: 5/20/2015</p>	
<p>Printed name of Authorized Officer or employee: Desda Hutchins</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 931-853-4351</p>					
Study Area Code of Reporting Carrier	290570		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 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				Loretto Telephone Company Inc	
Signature of authorized officer			Desda K. Hutchins		Date
					09/10/15
Printed name of authorized officer				Desda K. Hutchins	
Title or position of authorized officer				Chief Financial Officer	
Telephone number of authorized officer:				9318534351 ext.	
Study Area Code of Reporting Carrier		290570	Filing Due Date for this form (mm/dd/yyyy)		Sept 2015

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

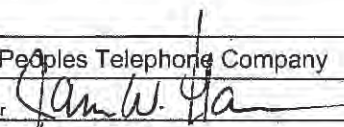
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: NORTH CENTRAL COOP					
Signature of Authorized Officer or employee: 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 or employee: Johnny McClanahan					
Title or position of Authorized Officer or employee: VP Finance and Adm. Services					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier North Central Telephone Cooperative, Inc.			
Signature of authorized officer <i>Johnny L. McClanahan</i>		Date	09/8/15
Printed name of authorized officer Johnny L. McClanahan			
Title or position of authorized officer VP Finance and Administrative Services			
Telephone number of authorized officer: (615) 666-2151, ext.			
Study Area Code of Reporting Carrier	290573	Filing Due Date for this form (mm/dd/yyyy)	Sept 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 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 Peoples Telephone Company				
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	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 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				Peoples Telephone Company	
Signature of authorized officer			Date		September 8, 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)	Sept 2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: TWIN LAKES TEL COOP					
Signature of Authorized Officer or employee: Jonathan West				Digitally signed by Jonathan West DN:cn=Jonathan West,email=jwest@twakes.coop,O=twin lakes tel coop,l=Gainesboro TN 38562, Date:5/15/2015	
				Date: 5/15/2015	
Printed name of Authorized Officer or employee: Jonathan West					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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.					

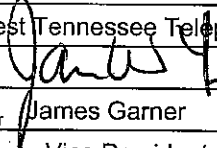
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: UTC-TN-UNITED COMM					
Signature of Authorized Officer or employee: 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 or employee: Tommy Welch					
Title or position of Authorized Officer or employee: Finance and Administration Manager					
Telephone number of Authorized Officer or employee: 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 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 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
<p>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).</p>				
Name of Reporting Carrier West Tennessee Telephone Company, Inc.				
Signature of authorized officer 			Date September 8, 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				
Study Area Code of Reporting Carrier 290583		Filing Due Date for this form (mm/dd/yyyy) Sept 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 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					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					
Study Area Code of Reporting Carrier		290598		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 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, the 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: THE ARTHUR MUTUAL					
Signature of Authorized Officer or employee: Eric Roughton				Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual,lc=, Date:5/16/2015	
Date: 5/16/2015					
Printed name of Authorized Officer or employee: Eric Roughton					
Title or position of Authorized Officer or employee: General Manager/Sec'y/Treasurer					
Telephone number of Authorized Officer or employee: 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 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, the 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: AYERSVILLE TEL CO					
Signature of Authorized Officer or employee: Phil Maag				Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel co,l= , Date:5/19/2015	
Date: 5/19/2015					
Printed name of Authorized Officer or employee: Phil Maag					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: BASCOM MUTUAL TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Kathy Reinhart					
Title or position of Authorized Officer or employee: Assistant General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: BENTON RIDGE TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Mark Miller					
Title or position of Authorized Officer or employee: CFO/VP/Treasurer					
Telephone number of Authorized Officer or employee: 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 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 S1.917(d)(vii).

Name of Reporting Carrier **Buckland Telephone Company**

Signature of authorized officer *Douglas G. Place*

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**

Study Area Code of Reporting Carrier **300591**

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

5/15/2015

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. §§ 602, 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					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: THE CHAMPAIGN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Tiffany Ebersold</p>				<p><small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co, Date:5/19/2015</small></p> <p>Date: 5/19/2015</p>	
<p>Printed name of Authorized Officer or employee: Tiffany Ebersold</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 937-653-2263</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>300594</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>					

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, the 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: MCCLURE TEL CO					
Signature of Authorized Officer or employee: Lance Miller				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	
				Date: 5/22/2015	
Printed name of Authorized Officer or employee: Lance Miller					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: CONNEAUT TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Deanna Brown					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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 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				Doylestown Telephone Co.		
Signature of authorized officer			Thomas J. Brockman		Date	5/20/15
Printed name of authorized officer				Thomas J. Brockman		
Title or position of authorized officer				President		
Telephone number of authorized officer: (307) 658-2121 ext.						
Study Area Code of Reporting Carrier		30609	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 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, the 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: FARMERS MUTUAL TEL					
Signature of Authorized Officer or employee: 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 or employee: Cheryl Bostelman					
Title or position of Authorized Officer or employee: Secretary/General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: FORT JENNINGS TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Michael Metzger					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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 <u>Glandorf Telephone Company, Inc.</u>			
Signature of authorized officer <u>Merald Brown</u>		Date	<u>5-22-15</u>
Printed name of authorized officer <u>Gerald Brown</u>			
Title or position of authorized officer <u>Manager</u>			
Telephone number of authorized officer: <u>414, 586-6987</u> , ext.			
Study Area Code of Reporting Carrier	<u>300619</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 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, the 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: KALIDA TEL CO					
Signature of Authorized Officer or employee: Chris Phillips				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	
				Date: 5/18/2015	
Printed name of Authorized Officer or employee: Chris Phillips					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 419-532-3218					
Study Area Code of Reporting Carrier	300625		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: MIDDLE POINT HOME					
Signature of Authorized Officer or employee: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home,lc= , Date:5/21/2015	
Date: 5/21/2015					
Printed name of Authorized Officer or employee: Bruce Hanson					
Title or position of Authorized Officer or employee: Treasurer					
Telephone number of Authorized Officer or employee: 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 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, the 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: MINFORD TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Paula McGraw					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: THE NEW KNOXVILLE					
Signature of Authorized Officer or employee: Preston Meyer				Digitally signed by Preston Meyer DN:cn=Preston Meyer,email=preston@nktelco.net,O=the new knoxville,l=New Knoxville OH 45871-0219, Date:5/22/2015	
Date: 5/22/2015					
Printed name of Authorized Officer or employee: Preston Meyer					
Title or position of Authorized Officer or employee: Sales Manager/Chief Operating Officer					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: THE NOVA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Charles Mattingly</p>				<p><small>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</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer or employee: Charles Mattingly</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 903-452-3258</p>					
Study Area Code of Reporting Carrier	300644		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 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, the 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: OTTOVILLE MUTUAL					
Signature of Authorized Officer or employee: William Honigford				Digitally signed by William Honigford DN:cn=William Honigford,email=tomtc@bright.net,O=ottoville mutual,j=Ottoville OH 45876-0427, Date:5/20/2015	
Date: 5/20/2015					
Printed name of Authorized Officer or employee: William Honigford					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: PATTERSONVILLE TEL					
Signature of Authorized Officer or employee: Aaron Jones				Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel,I=Carrollton OH 44615, Date:5/26/2015	
Date: 5/26/2015					
Printed name of Authorized Officer or employee: Aaron Jones					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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				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		
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 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, the 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: SHERWOOD MUTUAL TEL					
Signature of Authorized Officer or employee: Lynn Bergman				Digitally signed by Lynn Bergman DN:cn=Lynn Bergman,email=lynnbergman@smta.cc,O=sherwood mutual tel, =Sherwood OH 43556, Date:5/20/2015	
Date: 5/20/2015					
Printed name of Authorized Officer or employee: Lynn Bergman					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: SYCAMORE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Steven Ekleberry</p>				<p><small>Digitally signed by Steven Ekleberry DN:cn=Steven Ekleberry,email=steve.ekleberry@sycltelco.com,O=sycamore tel co, Date:5/21/2015</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer or employee: Steven Ekleberry</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 419-927-6012</p>					
Study Area Code of Reporting Carrier	300658		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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: TELEPHONE SERVICE</p>					
<p>Signature of Authorized Officer or employee: Bruce Hanson</p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,lc=US, Date: 5/21/2015</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer or employee: Bruce Hanson</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 320-847-2211</p>					
Study Area Code of Reporting Carrier	300659		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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: VAUGHNSVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Martha Kaplan</p>				<p><small>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</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer or employee: Martha Kaplan</p>					
<p>Title or position of Authorized Officer or employee: Manager/Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 419-646-3431</p>					
Study Area Code of Reporting Carrier	300663		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 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, the 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: WABASH MUTUAL TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Mike Boley					
Title or position of Authorized Officer or employee: President/CEO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: ALLBAND COMM COOP</p>					
<p>Signature of Authorized Officer or employee: Ron Siegel</p>				<p><small>Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop,l= , Date:5/22/2015</small></p>	
<p>Date: 5/22/2015</p>					
<p>Printed name of Authorized Officer or employee: Ron Siegel</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 989-369-9999</p>					
Study Area Code of Reporting Carrier	310542		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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: ACE-MI ALLENDALE</p>					
<p>Signature of Authorized Officer or employee: Todd Roesler</p>				<p><small>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</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer or employee: Todd Roesler</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 507-896-6292</p>					
Study Area Code of Reporting Carrier	310669		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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
<p>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).</p>				
Name of Reporting Carrier Baraga Telephone Company, Inc.				
Signature of authorized officer <i>PLW Stark</i>			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
<p style="text-align: center;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY 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, the 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: BARRY COUNTY TEL CO					
Signature of Authorized Officer or employee: 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 or employee: David Stoll					
Title or position of Authorized Officer or employee: GM/CEO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: BLANCHARD TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Duane Bronson</p>				<p>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</p>	
				<p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer or employee: Duane Bronson</p>					
<p>Title or position of Authorized Officer or employee: VP / General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 989-561-9930</p>					
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: BLOOMINGDALE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Steve Shults</p>				<p><small>Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomingdale tel co, Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer or employee: Steve Shults</p>					
<p>Title or position of Authorized Officer or employee: Assistant Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 269-521-7313</p>					
Study Area Code of Reporting Carrier	310679		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 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					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			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: CLIMAX TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kevin Doyle</p>				<p><small>Digitally signed by Kevin Doyle DN:cn=Kevin Doyle,email=kdoyle@ctstelecom.com,O=climax tel co,lc= , Date: 5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer or employee: Kevin Doyle</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 269-746-3244</p>					
<p>Study Area Code of Reporting Carrier</p>	310688		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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, the 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: DEERFIELD FARMERS					
Signature of Authorized Officer or employee: David LaRocca				Digitally signed by David LaRocca DN:cn=David LaRocca,email=dave@cass.net,O=deerfield farmers,lc= , Date:5/20/2015	
				Date: 5/20/2015	
Printed name of Authorized Officer or employee: David LaRocca					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 734-279-1339					
Study Area Code of Reporting Carrier	310691		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

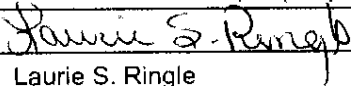
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: ACE-MI DRENTHE					
Signature of Authorized Officer or employee: 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 or employee: Todd Roesler					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 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 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				Farmers Mutual dba Chapin Telephone Company	
Signature of authorized officer				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			
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 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 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 CONTROLLER			
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 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, the 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: ACE TEL OF MICHIGAN					
Signature of Authorized Officer or employee: 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 or employee: Todd Roesler					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 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 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				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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: MIDWAY TEL CO					
Signature of Authorized Officer or employee: Camie Nebel-Conklin				Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel co,l= , Date:5/20/2015	
				Date: 5/20/2015	
Printed name of Authorized Officer or employee: Camie Nebel-Conklin					
Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer or employee: 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 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, the 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: HIAWATHA TEL CO					
Signature of Authorized Officer or employee: Camie Nebel-Conklin				Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha tel co, Date:5/20/2015	
				Date: 5/20/2015	
Printed name of Authorized Officer or employee: Camie Nebel-Conklin					
Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer or employee: 906-387-9911					
Study Area Code of Reporting Carrier	310713		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: OGDEN TEL CO					
Signature of Authorized Officer or employee: Linda Corie				Digitally signed by Linda Corie DN:cn=Linda Corie,email=corie@ogdentel.com,O=ogden tel co,l= , Date:5/18/2015	
				Date: 5/18/2015	
Printed name of Authorized Officer or employee: Linda Corie					
Title or position of Authorized Officer or employee: Secretary-Treasurer					
Telephone number of Authorized Officer or employee: 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 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, the 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: ONTONAGON COUNTY TEL					
Signature of Authorized Officer or employee: Camie Nebel-Conklin				<small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel, Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer or employee: Camie Nebel-Conklin					
Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer or employee: 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 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, the 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: PIGEON TEL CO					
Signature of Authorized Officer or employee: Neal Eichler				Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel co,l=Pigeon MI 48755, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer or employee: Neal Eichler					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 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 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, the 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: SAND CREEK TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Harvey Souders					
Title or position of Authorized Officer or employee: Vice President/General Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: SPRINGPORT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mark Cutler</p>				<p><small>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</small></p>	
<p>Date: 5/22/2015</p>					
<p>Printed name of Authorized Officer or employee: Mark Cutler</p>					
<p>Title or position of Authorized Officer or employee: Accountant</p>					
<p>Telephone number of Authorized Officer or employee: 517-857-3100</p>					
<p>Study Area Code of Reporting Carrier</p>	310728		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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, the 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: UPPER PENINSULA TEL					
Signature of Authorized Officer or employee: David Hoover				Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=upper peninsula tel, Date:5/20/2015	
				Date: 5/20/2015	
Printed name of Authorized Officer or employee: David Hoover					
Title or position of Authorized Officer or employee: President and General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: WALDRON TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Lucinda Bernath					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 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 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, the 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: WESTPHALIA TEL CO					
Signature of Authorized Officer or employee: David Fox				Digitally signed by David Fox DN:cn=David Fox,email=dfox@comlink.net,O=westphalia tel co,l= , Date:5/21/2015	
				Date: 5/21/2015	
Printed name of Authorized Officer or employee: David Fox					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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 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 Manager				
Telephone number of authorized officer: (248) 928-4191 ext.				
Study Area Code of Reporting Carrier	310737	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: ACE-MI OLD MISSION					
Signature of Authorized Officer or employee: Todd Roesler				Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi old mission,l=Houston MN 55943-0360, Date:5/21/2015	
				Date: 5/21/2015	
Printed name of Authorized Officer or employee: Todd Roesler					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 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 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, the 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: MCBC					
Signature of Authorized Officer or employee: 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 or employee: David Hoover					
Title or position of Authorized Officer or employee: President and General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: BLOOMINGDALE HOME					
Signature of Authorized Officer or employee: Ronja Branson				Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingdaletel.com,O=bloomingdale home,l=Bloomington IN 47832, Date:5/20/2015	
Date: 5/20/2015					
Printed name of Authorized Officer or employee: Ronja Branson					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: CITIZENS TEL CORP					
Signature of Authorized Officer or employee: Joan Paxson				Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citznet.com,O=citizens tel corp, Warren IN 46792, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer or employee: Joan Paxson					
Title or position of Authorized Officer or employee: Secretary, Office Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: CLAY DBA ENDEAVOR</p>					
<p>Signature of Authorized Officer or employee: Ralph Cunha</p>				<p><small>Digitally signed by Ralph Cunha DN:cn=Ralph Cunha,email=rcunha@weEndeavor.com,O=clay dba endeavor,l=Cloverdale IN 46120-0237, Date:5/27/2015</small></p>	
<p>Date: 5/27/2015</p>					
<p>Printed name of Authorized Officer or employee: Ralph Cunha</p>					
<p>Title or position of Authorized Officer or employee: President and CEO</p>					
<p>Telephone number of Authorized Officer or employee: 765-795-4261</p>					
<p>Study Area Code of Reporting Carrier</p>	320753		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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, the 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: CRAIGVILLE TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Lee Von Gunten					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: DAVIESS-MARTIN/RTC					
Signature of Authorized Officer or employee: Stephen Bartlett				Digitally signed by Stephen Bartlett DN:cn=Stephen Bartlett,email=sbartlett@rtccom.com,O=daviess-martin/rtc,I=Montgomery IN 47558, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer or employee: Stephen Bartlett					
Title or position of Authorized Officer or employee: EVP					
Telephone number of Authorized Officer or employee: 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 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, the 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: GEETINGSVILLE TEL CO					
Signature of Authorized Officer or employee: Steve Scott				<small>Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co,l= , Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer or employee: Steve Scott					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: LIGONIER TEL CO</p>					
<p>Signature of Authorized Officer or employee: Donald Johnson</p>				<p><small>Digitally signed by Donald Johnson DN:cn=Donald Johnson,email=djohnson@ligtel.net,O=ligonier tel co,l= , Date:5/21/2015</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer or employee: Donald Johnson</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 260-894-7161</p>					
Study Area Code of Reporting Carrier	320783		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 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, the 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: MONON TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Bruce Hanway					
Title or position of Authorized Officer or employee: Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 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.					

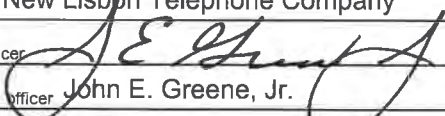
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: MULBERRY COOP TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Randy Maish					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 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 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					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						
Study Area Code of Reporting Carrier			320796		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>										

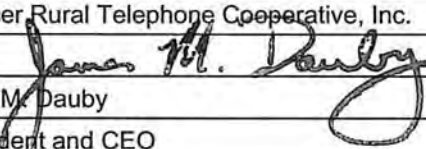
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: NEW PARIS TEL INC					
Signature of Authorized Officer or employee: 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 or employee: Paul Penrose					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
<p>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).</p>				
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				
Study Area Code of Reporting Carrier	320800		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 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	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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: PULASKI-WHITE RURAL</p>					
<p>Signature of Authorized Officer or employee: Mark Dickerson</p>				<p>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</p>	
				<p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer or employee: Mark Dickerson</p>					
<p>Title or position of Authorized Officer or employee: President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 574-278-7121</p>					
Study Area Code of Reporting Carrier	320813		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 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, the 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: ROCHESTER TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Greta Lynch					
Title or position of Authorized Officer or employee: VP-Finance					
Telephone number of Authorized Officer or employee: 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 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				SEI Rural Telephone Cooperative, Inc.	
Signature of authorized officer					Date
Printed name of authorized officer			Michael Leach		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(812) 667-5100 ext.		
Study Area Code of Reporting Carrier		320819	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: SUNMAN TELECOMM CORP					
Signature of Authorized Officer or employee: Michael Alig				Digitally signed by Michael Alig DN:cn=Michael Alig,email=malig@etc1.net,O=sunman telecomm corp, Sunman IN 47041, Date:5/26/2015	
				Date: 5/26/2015	
Printed name of Authorized Officer or employee: Michael Alig					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: SWAYZEE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Timothy Miles</p>				<p><small>Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel co,l= , Date:5/22/2015</small></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer or employee: Timothy Miles</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 765-922-7916</p>					
Study Area Code of Reporting Carrier	320826		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 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, the 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: SWEETSER RURAL TEL					
Signature of Authorized Officer or employee: Scott Winger				<small>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</small> Date: 5/22/2015	
Printed name of Authorized Officer or employee: Scott Winger					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier Washington County Rural Telephone Cooperative, Inc.			
Signature of authorized officer <i>Roland King</i>		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
<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 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, the 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: YEOMAN TEL CO, INC					
Signature of Authorized Officer or employee: David Blacker				Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytci.com,O=yeoman tel co, inc, Date: 5/21/2015	
				Date: 5/21/2015	
Printed name of Authorized Officer or employee: David Blacker					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: AMERY TELCOM, INC.					
Signature of Authorized Officer or employee: Michael Jensen				<small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer or employee: Michael Jensen					
Title or position of Authorized Officer or employee: President & General Manager					
Telephone number of Authorized Officer or employee: 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.					

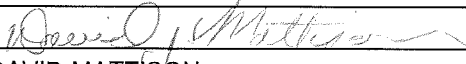
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: AMHERST TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Carl Bohman					
Title or position of Authorized Officer or employee: President & General Manager					
Telephone number of Authorized Officer or employee: 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 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 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			
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: BELMONT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Deb Egli</p>				<p><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></p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer or employee: Deb Egli</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 608-744-3500</p>					
<p>Study Area Code of Reporting Carrier</p>	330847		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: BERGEN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Brad Ellefson</p>				<p><small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel co,l=Sharon WI 53585, Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer or employee: Brad Ellefson</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 262-736-9981</p>					
Study Area Code of Reporting Carrier	330848		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 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, the 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: BLOOMER TEL CO					
Signature of Authorized Officer or employee: Jim Smart				Digitally signed by Jim Smart DN:cn=Jim Smart,email=jrs@bloomer.net,O=bloomer tel co,l= , Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer or employee: Jim Smart					
Title or position of Authorized Officer or employee: Vice President/General Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: BRUCE TEL CO, INC</p>					
<p>Signature of Authorized Officer or employee: John Manosky</p>				<p><small>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel co, inc,l= , Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer or employee: John Manosky</p>					
<p>Title or position of Authorized Officer or employee: President & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-868-5111</p>					
<p>Study Area Code of Reporting Carrier</p>	330855		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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, the 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: CHEQUAMEGON COM COOP					
Signature of Authorized Officer or employee: Ray Schindler				Digitally signed by Ray Schindler DN:cn=Ray Schindler,email=rschindler@norvado.com,O=chequamegon com coop,l= , Date:5/22/2015	
				Date: 5/22/2015	
Printed name of Authorized Officer or employee: Ray Schindler					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 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 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, the 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: CHIBARDUN TEL COOP					
Signature of Authorized Officer or employee: N. Scott Behn				Digitally signed by N. Scott Behn DN:cn=N. Scott Behn,email=sbehn@mosaiclecom.com,O=chibardun tel coop,l=Cameron WI 54822-0664, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer or employee: N. Scott Behn					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 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 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, the 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: CITIZENS TEL COOP-WI					
Signature of Authorized Officer or employee: Dennis Bachman				Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel coop-wi,l=New Auburn WI 54757-0127, Date:5/22/2015	
Date: 5/22/2015					
Printed name of Authorized Officer or employee: Dennis Bachman					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: CLEAR LAKE TEL CO-WI					
Signature of Authorized Officer or employee: Tim Kusilek				Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake tel co-wi,l=Clear Lake WI 54005, Date:5/26/2015	
				Date: 5/26/2015	
Printed name of Authorized Officer or employee: Tim Kusilek					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: COCHRANE COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Gina Tomlinson</p>				<p>Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mw.t.net,O=cochrane coop tel co,l=Cochrane WI 54622-0189, Date:5/22/2015</p>	
<p>Date: 5/22/2015</p>					
<p>Printed name of Authorized Officer or employee: Gina Tomlinson</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 608-248-2323</p>					
<p>Study Area Code of Reporting Carrier</p>	330866		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: COON VALLEY FARMERS</p>					
<p>Signature of Authorized Officer or employee: Carol Olson</p>				<p><small>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</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer or employee: Carol Olson</p>					
<p>Title or position of Authorized Officer or employee: Assistant Secretary Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 608-452-3101</p>					
Study Area Code of Reporting Carrier	330868		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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: CUBA CITY EXCHANGE</p>					
<p>Signature of Authorized Officer or employee: Deb Egli</p>				<p>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</p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer or employee: Deb Egli</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 608-744-3500</p>					
Study Area Code of Reporting Carrier	330872		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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: FARMERS INDEPENDENT</p>					
<p>Signature of Authorized Officer or employee: Mark Anderson</p>				<small>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</small> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer or employee: Mark Anderson</p>					
<p>Title or position of Authorized Officer or employee: General Manager and Compliance Officer</p>					
<p>Telephone number of Authorized Officer or employee: 715-463-5322</p>					
Study Area Code of Reporting Carrier	330879		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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: HILLSBORO TEL CO</p>					
<p>Signature of Authorized Officer or employee: Carla Shaker</p>				<p><small>Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel co,l=Hillsboro WI 54634-0427, Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer or employee: Carla Shaker</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer/Office Mgr.</p>					
<p>Telephone number of Authorized Officer or employee: 608-489-2100</p>					
<p>Study Area Code of Reporting Carrier</p>	330892		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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 <i>Lakefield 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>920 617 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 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, the 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: LA VALLE TEL COOP					
Signature of Authorized Officer or employee: 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 or employee: Gregory Rockweiler					
Title or position of Authorized Officer or employee: Assistant Secretary					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: LEMONWEIR VALLEY TEL</p>					
<p>Signature of Authorized Officer or employee: Donna Rezin</p>				<p><small>Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=donna.rezin@lynxxnet.com,O=lemonweir valley tel,l=Camp Douglas WI 54618, Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer or employee: Donna Rezin</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 608-427-6515</p>					
Study Area Code of Reporting Carrier	330900		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 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, the 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: LAKELAND-LUCK					
Signature of Authorized Officer or employee: John Klatt				Digitally signed by John Klatt DN:cn=John Klatt,email=jkklatt@lakeland.ws,O=lakeland-luck,I=Milltown WI 54858, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer or employee: John Klatt					
Title or position of Authorized Officer or employee: President/CEO					
Telephone number of Authorized Officer or employee: 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 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, the 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: MANAWA TEL CO					
Signature of Authorized Officer or employee: Thomas Squires				Digitally signed by Thomas Squires DN:cn=Thomas Squires,email=tsquires@wolfnet.net,O=manawa tel co,l=Manawa WI 54949, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer or employee: Thomas Squires					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: MARQUETTE-ADAMS COOP					
Signature of Authorized Officer or employee: Jerry Schneider				Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquette-adams coop,l=Oxford WI 53952, Date:5/25/2015	
Date: 5/25/2015					
Printed name of Authorized Officer or employee: Jerry Schneider					
Title or position of Authorized Officer or employee: CEO & General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: LAKELAND-MILLTOWN					
Signature of Authorized Officer or employee: John Klatt				Digitally signed by John Klatt DN:cn=John Klatt,email=jkklatt@lakeland.ws,O=lakeland-milltown,l=Milltown WI 54858, Date: 5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer or employee: John Klatt					
Title or position of Authorized Officer or employee: President/CEO					
Telephone number of Authorized Officer or employee: 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 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, the 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: NELSON COMM COOP					
Signature of Authorized Officer or employee: 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 or employee: Christy Berger					
Title or position of Authorized Officer or employee: Executive Vice President					
Telephone number of Authorized Officer or employee: 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 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 <i>Niagara Telephone Company</i>				
Signature of authorized officer: <i>Robert M. Wehl</i>			Date	<i>5/18/2015</i>
Printed name of authorized officer <i>Robert Wehl</i>				
Title or position of authorized officer <i>Vice President</i>				
Telephone number of authorized officer: <i>920, 617-7000</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 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 <u>Bayland Telephones, 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>920 617 7000</u> ext. <u> </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 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 Indianhead Telephone Company				
Signature of authorized officer <i>William Eckles</i>			Date	05/18/2015
Printed name of authorized officer William Eckles				
Title or position of authorized officer President				
Telephone number of authorized officer: (507) 526-3252				
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 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, the 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: PRICE COUNTY TEL CO					
Signature of Authorized Officer or employee: Catherine Mess				Digitally signed by Catherine Mess DN:cn=Catherine Mess,email=messc@pctcnet.net,O=price county tel co,l=Phillips WI 54555-0108, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer or employee: Catherine Mess					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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				Northeast Telephone Company, LLC	
Signature of authorized officer*			Robert M. Webb		Date
					5/18/2015
Printed name of authorized officer					
Robert Webb					
Title or position of authorized officer					
Vice President					
Telephone number of authorized officer: 920 677 7000 ext.					
Study Area Code of Reporting Carrier		330938	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: RICHLAND-GRANT COOP					
Signature of Authorized Officer or employee: John Bartz				Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mw.t.net,O=richland-grant coop,l=Blue River WI 53518, Date:5/27/2015	
				Date: 5/27/2015	
Printed name of Authorized Officer or employee: John Bartz					
Title or position of Authorized Officer or employee: Company Officer					
Telephone number of Authorized Officer or employee: 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 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, the 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: SHARON TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Brad Ellefson					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: SIREN TEL CO, INC					
Signature of Authorized Officer or employee: 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 or employee: Sid Sherstad					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 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 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, the 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: SOMERSET TEL CO					
Signature of Authorized Officer or employee: Michael Jensen				Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel co,lc=, Date:5/20/2015	
Date: 5/20/2015					
Printed name of Authorized Officer or employee: Michael Jensen					
Title or position of Authorized Officer or employee: President & General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: SPRING VALLEY TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Carol Anderson					
Title or position of Authorized Officer or employee: Assistant Manager/Assistant Secretary					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: TRI-COUNTY COMM COOP</p>					
<p>Signature of Authorized Officer or employee: Cheryl Rue</p>				<p><small>Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tcc.coop,O=tri-county comm coop,l=Strum WI 54770, Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer or employee: Cheryl Rue</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 715-695-2691</p>					
<p>Study Area Code of Reporting Carrier</p>	330960		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: UNION TEL CO</p>					
<p>Signature of Authorized Officer or employee: Katherine Kehl</p>				<p><small>Digitally signed by Katherine Kehl DN:cn=Katherine Kehl,email=kkehl@uniontel.net,O=union tel co,l=Plainfield WI 54966-0096, Date:5/15/2015</small></p>	
<p>Date: 5/15/2015</p>					
<p>Printed name of Authorized Officer or employee: Katherine Kehl</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 715-335-6301</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330962</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2015</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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, the 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: VERNON TEL COOP					
Signature of Authorized Officer or employee: Rodney Olson				Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vermontel.com,O=vernon tel coop,l=Westby WI 54667, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer or employee: Rodney Olson					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: W. WISCONSIN TELCOM					
Signature of Authorized Officer or employee: 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 or employee: Mark Stenseth					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: WITTENBERG TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Linda Garbelman					
Title or position of Authorized Officer or employee: CFO/Treasurer					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: WOOD COUNTY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Gregory Krings</p>				<p>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</p>	
<p>Date: 5/21/2015</p>					
<p>Printed name of Authorized Officer or employee: Gregory Krings</p>					
<p>Title or position of Authorized Officer or employee: Director of Finance</p>					
<p>Telephone number of Authorized Officer or employee: 715-421-8129</p>					
Study Area Code of Reporting Carrier	330974		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 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, the 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: ADAMS TEL COOP					
Signature of Authorized Officer or employee: James Broemmer Jr.				Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbrommer@adams.net,O=adams tel coop,l=Golden IL 62339, Date:5/23/2015	
Date: 5/23/2015					
Printed name of Authorized Officer or employee: James Broemmer Jr.					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: ALHAMBRA-GRANTFORK</p>					
<p>Signature of Authorized Officer or employee: Kevin Osterbur</p>				<p>Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra-grantfork, =Alhambra IL 62001-0207, Date:5/22/2015</p>	
<p>Date: 5/22/2015</p>					
<p>Printed name of Authorized Officer or employee: Kevin Osterbur</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 618-488-2165</p>					
Study Area Code of Reporting Carrier	340978		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 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, the 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: CAMBRIDGE TEL CO -IL					
Signature of Authorized Officer or employee: 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 or employee: Scott Rubins					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: CASS TEL CO					
Signature of Authorized Officer or employee: Tom Allen				Digitally signed by Tom Allen DN:cn=Tom Allen,email=tomallen@casscomm.com,O=cass tel co,l=Virginia IL 62691, Date:5/27/2015	
Date: 5/27/2015					
Printed name of Authorized Officer or employee: Tom Allen					
Title or position of Authorized Officer or employee: Vice President/Chief Operating Officer					
Telephone number of Authorized Officer or employee: 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.					

05-21-15; 10:51 ;

; 3149972561

APPENDIX D

3/ 5

EXHIBIT 1

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 §1.917(d)(vii).			
Name of Reporting Carrier <u>CLARKSVILLE MUTUAL TELEPHONE CO.</u>			
Signature of authorized officer <u>Patricia Rhoads</u>		Date <u>5-15-15</u>	
Printed name of authorized officer <u>PATRICIA RHODAS</u>			
Title or position of authorized officer <u>SECRETARY - TREASURER</u>			
Telephone number of authorized officer <u>27889-3822</u>			
Study Area Code of Reporting Carrier <u>340990</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 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				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 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				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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: GENESEO TEL CO</p>					
<p>Signature of Authorized Officer or employee: Scott Rubins</p>				<p><small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=geneseo tel co,l=Geneseo IL 61254-0330, Date:5/15/2015</small></p>	
<p>Date: 5/15/2015</p>					
<p>Printed name of Authorized Officer or employee: Scott Rubins</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 309-944-2103</p>					
<p>Study Area Code of Reporting Carrier</p>	341016		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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 **Glasford Telephone Company**

Signature of authorized officer *Duane R. Goetze* 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
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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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: GRAFTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Leigh Sickinger</p>				<p><small>Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger,email=lsickinger@gtec.net,O=grifton tel co,l=Grafton IL 62037, Date:5/21/2015</small></p>	
<p>Date: 5/21/2015</p>					
<p>Printed name of Authorized Officer or employee: Leigh Sickinger</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 618-786-3400</p>					
<p>Study Area Code of Reporting Carrier</p>	341020		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

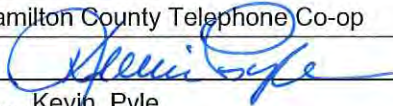
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: GRANDVIEW MUTUAL TEL					
Signature of Authorized Officer or employee: Angela Tate				<small>Digitally signed by Angela Tate DN:cn=Angela Tate,email=gmtc@joink.com,O=grandview mutual tel, Inc., Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer or employee: Angela Tate					
Title or position of Authorized Officer or employee: Treasurer					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: GRIDLEY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Herb Flesher</p>				<p>Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel co,l=Gridley IL 61744-0129, Date:5/15/2015</p>	
<p>Date: 5/15/2015</p>					
<p>Printed name of Authorized Officer or employee: Herb Flesher</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 309-747-3780</p>					
<p>Study Area Code of Reporting Carrier</p>	341023		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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 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 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					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			
<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 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, the 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: HENRY COUNTY TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Scott Rubins					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

NECA ID #40

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				Home Telephone Co.	
Signature of authorized officer			Date		5/21/15
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: KINSMAN MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Michelle Baudino</p>				<p><small>Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel,l=Kinsman IL 60437, Date:5/26/2015</small></p>	
<p>Date: 5/26/2015</p>					
<p>Printed name of Authorized Officer or employee: Michelle Baudino</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 815-392-4210</p>					
<p>Study Area Code of Reporting Carrier</p>	341041		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: LA HARPE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Todd Irish</p>				<p>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</p>	
<p>Date: 5/15/2015</p>					
<p>Printed name of Authorized Officer or employee: Todd Irish</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 217-659-7721</p>					
Study Area Code of Reporting Carrier	341043		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 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, the 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: LEAF RIVER TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Aaron Palmer					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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 <i>Leodore Mutual Telephone Co., Inc</i>			
Signature of authorized officer <i>Donna Naus</i>		Date	<i>5-27-15</i>
Printed name of authorized officer <i>Donna Naus</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)	6/16/2015

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

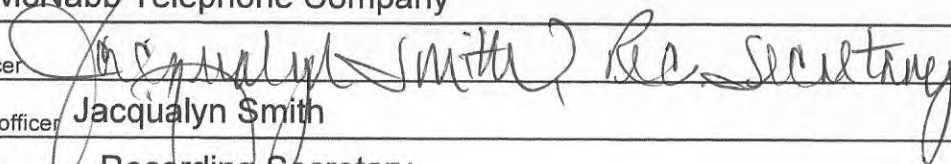
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: MCDONOUGH TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Jay Griswold</p>				<p><small>Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jay@mdtc.net,O=mcdonough tel coop,l=Colchester IL 62326, Date:5/19/2015</small></p>	
<p>Date: 5/19/2015</p>					
<p>Printed name of Authorized Officer or employee: Jay Griswold</p>					
<p>Title or position of Authorized Officer or employee: Vice President of Finance</p>					
<p>Telephone number of Authorized Officer or employee: 309-776-3211</p>					
<p>Study Area Code of Reporting Carrier</p>	341047		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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				McNabb Telephone Company	
Signature of authorized officer					Date
Printed name of authorized officer			Jacquelyn Smith		5/20/2015
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	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: MADISON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mary Schwartz</p>				<p><small>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</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer or employee: Mary Schwartz</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 618-635-5000</p>					
Study Area Code of Reporting Carrier	341049		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 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, the 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: MARSEILLES TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Ann Dickerson					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 309-367-4197					
Study Area Code of Reporting Carrier	341050		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: METAMORA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Ann Dickerson</p>				<p><small>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=metamora tel co,j=Metamora IL 61548-0800, Date:5/27/2015</small></p> <p>Date: 5/27/2015</p>	
<p>Printed name of Authorized Officer or employee: Ann Dickerson</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 309-367-4197</p>					
Study Area Code of Reporting Carrier	341053		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 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, the 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: MIDCENTURY TEL CO-OP					
Signature of Authorized Officer or employee: James Broemmer, Jr.				Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jbroemmer@adams.net,O=midcentury tel co-op,l=Fairview IL 61432, Date:5/20/2015	
				Date: 5/20/2015	
Printed name of Authorized Officer or employee: James Broemmer, Jr.					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER


Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: MONTROSE MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: George Tays</p>				<p><small>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</small></p>	
<p>Date: 5/19/2015</p>					
<p>Printed name of Authorized Officer or employee: George Tays</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 217-925-5242</p>					
<p>Study Area Code of Reporting Carrier</p>	341058		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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 **Moultrie Independent Telephone Company**

Signature of authorized officer  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
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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 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					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 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 §1.917(d)(vii).				
Name of Reporting Carrier Oneida Telephone Exchange				
Signature of authorized officer <i>Gary Peterson</i>			Date	05/19/2015
Printed name of authorized officer Gary Peterson				
Title or position of authorized officer President				
Telephone number of authorized officer: (309) 483-3111 ext.				
Study Area Code of Reporting Carrier		341066	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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		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 4690	
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 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, the 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: TONICA TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Lloyd Vogel					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: VIOLA HOME TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Robert Millikan					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: WABASH TEL COOP, INC					
Signature of Authorized Officer or employee: 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 or employee: Jeff Williams					
Title or position of Authorized Officer or employee: General Manager/EVP					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

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

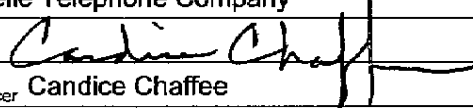
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Woodhull Telephone Company	
Signature of authorized officer			Date		5/19/15
Printed name of authorized officer			Gerald Krueger		
Title or position of authorized officer			Vice-President		
Telephone number of authorized officer: 3093342150x.					
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 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 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				
Study Area Code of Reporting Carrier 341092		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 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 Reasnor Telephone Company LLC			
Signature of authorized officer 		Date	05/26/2015
Printed name of authorized officer Michael Hatfield			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (817) 838-1800			
Study Area Code of Reporting Carrier	350739	Filing Due Date for this form (mm/dd/yyyy)	5/26/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: ANDREW TEL CO INC					
Signature of Authorized Officer or employee: 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 or employee: JoAnne Gregorich					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: ARCADIA TEL CO					
Signature of Authorized Officer or employee: Sheila Griffin				<small>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</small> Date: 5/21/2015	
Printed name of Authorized Officer or employee: Sheila Griffin					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: ATKINS TEL CO, INC					
Signature of Authorized Officer or employee: Gerald Spaight				Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel co, inc, Atkins IA 52206, Date:5/22/2015	
				Date: 5/22/2015	
Printed name of Authorized Officer or employee: Gerald Spaight					
Title or position of Authorized Officer or employee: General Manager / Treasurer					
Telephone number of Authorized Officer or employee: 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 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, the 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: AYRSHIRE FARMERS MUT					
Signature of Authorized Officer or employee: 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 or employee: Donald Miller					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: ALPINE COMM.</p>					
<p>Signature of Authorized Officer or employee: Chris Hopp</p>				<p><small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine comm.,l=Elkader IA 52043, Date:5/15/2015</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer or employee: Chris Hopp</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 563-245-4480</p>					
Study Area Code of Reporting Carrier	351106		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 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, the 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: BALDWIN-NASHVILLE					
Signature of Authorized Officer or employee: Brian Rickels				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	
				Date: 5/19/2015	
Printed name of Authorized Officer or employee: Brian Rickels					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 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 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	Barnes City Cooperative Telephone Company		
Signature of authorized officer	<i>Doris M. Freeborn</i>	Date	05/19/2015
Printed name of authorized officer	Doris M. Freeborn		
Title or position of authorized officer	Secretary / Treasurer		
Telephone number of authorized officer	641/644-5214		
Study Area Code of Reporting Carrier	35-1108	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: BERNARD TEL CO INC					
Signature of Authorized Officer or employee: 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 or employee: Kyle Manders					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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.					

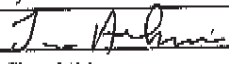
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: BREDA TEL CORP.</p>					
<p>Signature of Authorized Officer or employee: Jane Morlok</p>				<p>Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=breda tel corp.,l=Breda IA 51436-0190, Date:5/22/2015</p>	
<p>Date: 5/22/2015</p>					
<p>Printed name of Authorized Officer or employee: Jane Morlok</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 712-673-8101</p>					
Study Area Code of Reporting Carrier	351112		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 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				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)	6/18/2015	
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 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, the 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: TITONKA-BURT (BURT)					
Signature of Authorized Officer or employee: 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 or employee: Vicky Nelson					
Title or position of Authorized Officer or employee: Secretary-Treasurer					
Telephone number of Authorized Officer or employee: 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 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, the 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: BUTLER-BREMER MUTUAL					
Signature of Authorized Officer or employee: 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 or employee: Richard McBurney					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 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 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, the 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: CASCADE COMM. CO.					
Signature of Authorized Officer or employee: David Gibson				<small>Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade comm. co.,l=Cascade IA 52033-0250, Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer or employee: David Gibson					
Title or position of Authorized Officer or employee: General Manager/Compliance Officer					
Telephone number of Authorized Officer or employee: 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 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, the 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: CASEY MUTUAL TEL CO					
Signature of Authorized Officer or employee: John Breining				Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel co,l=Casey IA 50048, Date:5/19/2015	
				Date: 5/19/2015	
Printed name of Authorized Officer or employee: John Breining					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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				Center Junction Telephone Company Inc.	
Signature of authorized officer			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		
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 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, the 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: CENTRAL SCOTT TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Kent Dau					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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 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, the 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: CITIZENS MUTUAL TEL					
Signature of Authorized Officer or employee: 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 or employee: Joe Snyder					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: CLARENCE TEL CO					
Signature of Authorized Officer or employee: Curtis Eldred				Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=cpeldre@netins.net,O=clarence tel co,l=Clarence IA 52216, Date:5/20/2015	
				Date: 5/20/2015	
Printed name of Authorized Officer or employee: Curtis Eldred					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 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.					

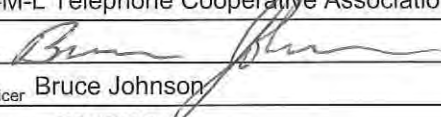
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: CLEAR LAKE INDEPEND					
Signature of Authorized Officer or employee: Thomas Lovell				<small>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=clear lake independ,l=Clear Lake IA 50428-0066, Date:5/16/2015</small> Date: 5/16/2015	
Printed name of Authorized Officer or employee: Thomas Lovell					
Title or position of Authorized Officer or employee: General Manager/Vice President					
Telephone number of Authorized Officer or employee: 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 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 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 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					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						
Study Area Code of Reporting Carrier			351134		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 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				Coon Creek Telephone Company	
Signature of authorized officer					Date
Printed name of authorized officer			Debra Lucht		5/15/2015
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)	6/15/2015	
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 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				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)		6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 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 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, the 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: CORN BELT TEL CO					
Signature of Authorized Officer or employee: Larry Neppl				<small>Digitally signed by Larry Neppl DN:cn=Larry Neppl,email=cornbelt@netins.net,O=corn belt tel co,l=Wall Lake IA 51466, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer or employee: Larry Neppl					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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					Cumberland Telephone Company						
Signature of authorized officer				<i>Ronald Benton</i>				Date		05/26/2015	
Printed name of authorized officer				Ronald Benton							
Title or position of authorized officer				President							
Telephone number of authorized officer:				(712) 774-2224 ext.							
Study Area Code of Reporting Carrier			351146		Filing Due Date for this form (mm/dd/yyyy)			6/16/2015			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: DANVILLE MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Timothy FencI</p>				<p><small>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</small></p> <p>Date: 5/20/2015</p>	
<p>Printed name of Authorized Officer or employee: Timothy FencI</p>					
<p>Title or position of Authorized Officer or employee: General Manager & CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-392-4251</p>					
Study Area Code of Reporting Carrier	351147		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 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, the 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: FARMERS (DEFIANCE)					
Signature of Authorized Officer or employee: 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 or employee: Thomas Conry					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 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 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				Dixon Telephone Co	
Signature of authorized officer			Date		05/15/2015
Printed name of authorized officer					
Howard Hunt					
Title or position of authorized officer					
Manager					
Telephone number of authorized officer: (563) 843-2901					
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 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, the 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: DUMONT TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Roger Kregel					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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 Dunkerton Telephone Cooperative			
Signature of authorized officer 		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	35-1153	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

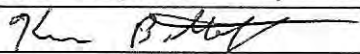
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier 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 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					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					
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 AN OFFICER OF THE REPORTING CARRIER

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

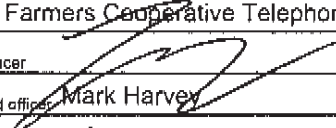
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Minburn Telecommunications, Inc.	
Signature of authorized officer			Date		5/15/2015
Printed name of authorized officer			Debra Lucht		
Title or position of authorized officer			GM/Asst. Secretary		
Telephone number of authorized officer:			(515) 438-2200 ext.		
Study Area Code of Reporting Carrier		3511158	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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			
<p>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).</p>			
Name of Reporting Carrier F&B Communications, Inc.			
Signature of authorized officer <i>Brenda K Kay</i>		Date	5/19/15
Printed name of authorized officer Brenda Kay			
Title or position of authorized officer Secretary/Treasurer			
Telephone number of authorized officer: (563) 374-1236			
Study Area Code of Reporting Carrier	351160	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<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 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 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				
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 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, the 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: FARMERS & MERCHANTS					
Signature of Authorized Officer or employee: Susie Stalder				Digitally signed by Susie Stalder DN:cn=Susie Stalder,email=ssstalder@farmtel.com,O=farmers & merchants,l=Wayland IA 52654-0247, Date:5/20/2015	
				Date: 5/20/2015	
Printed name of Authorized Officer or employee: Susie Stalder					
Title or position of Authorized Officer or employee: Operations Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: FARMERS MUTUAL COOP					
Signature of Authorized Officer or employee: Thomas Conry				Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop,l=Harlan IA 51537-0311, Date:5/20/2015	
Date: 5/20/2015					
Printed name of Authorized Officer or employee: Thomas Conry					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 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 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, the 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: FARMERS MUTUAL COOP					
Signature of Authorized Officer or employee: Tammy Wheeler				Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop,l=Moulton IA 52572, Date:5/15/2015	
				Date: 5/15/2015	
Printed name of Authorized Officer or employee: Tammy Wheeler					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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.					

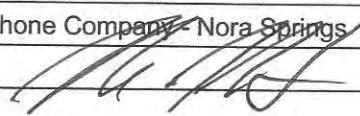
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL JESUP</p>					
<p>Signature of Authorized Officer or employee: Tony Lang</p>				<p><small>Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual jesup, =Jesup IA 50648-0249, Date:5/27/2015</small></p>	
<p>Date: 5/27/2015</p>					
<p>Printed name of Authorized Officer or employee: Tony Lang</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-827-1151</p>					
<p>Study Area Code of Reporting Carrier</p>	351171		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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	Farmers Mutual Telephone Company - Nora Springs				
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				
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 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, the 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: FARMERS MUTUAL COOP					
Signature of Authorized Officer or employee: Mark Harrison				Digitally signed by Mark Harrison DN:cn=Mark Harrison,email=mharrison@fmtcs.com,O=farmers mutual coop,l=Shellsburg IA 52332, Date:5/26/2015	
Date: 5/26/2015					
Printed name of Authorized Officer or employee: Mark Harrison					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Kevin Cabbage</p>				<p><small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=farmers mutual tel,l=Stanton IA 51573-0220, Date:5/15/2015</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer or employee: Kevin Cabbage</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 712-829-2111</p>					
Study Area Code of Reporting Carrier	351174		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 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, the 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: FARMERS TEL CO - BAT					
Signature of Authorized Officer or employee: 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 or employee: Joe Snyder					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: FARMERS TEL CO-ESSEX					
Signature of Authorized Officer or employee: Tim Hill				Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel co-essex, Essex IA 51638, Date:5/18/2015	
				Date: 5/18/2015	
Printed name of Authorized Officer or employee: Tim Hill					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 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 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				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		
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 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 <u>Fenton Co-op Tel. Co.</u>				
Signature of authorized officer <u>Steven C Longhenry</u>			Date <u>5-22-15</u>	
Printed name of authorized officer <u>Steven C Longhenry</u>				
Title or position of authorized officer <u>GM</u>				
Telephone number of authorized officer: <u>515 889 2255</u> , ext.				
Study Area Code of Reporting Carrier <u>351179</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. §§ 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 Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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: PARTNER COMM. COOP.					
Signature of Authorized Officer or employee: Arthur Cooper				<small>Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=coop@pcctel.net,O=partner comm. coop.,l= , Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer or employee: Arthur Cooper					
Title or position of Authorized Officer or employee: Board President					
Telephone number of Authorized Officer or employee: 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.					

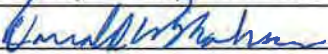
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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				Goldfield Telephone Company	
Signature of authorized officer			Date		5-19-15
Printed name of authorized officer				Jared Johnson	
Title or position of authorized officer				General Manager	
Telephone number of authorized officer: () - , ext.				(515) 825-3766	
Study Area Code of Reporting Carrier		351188	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 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				
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: GRAND MOUND COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Marcus Behnken</p>				<p><small>Digitally signed by Marcus Behnken DN:cn=Marcus Behnken,email=mbehnken@gmcta.coop,O=grand mound coop tel,l=Grand Mound IA 52751, Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer or employee: Marcus Behnken</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 563-847-3000</p>					
Study Area Code of Reporting Carrier	351191		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 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, the 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: GRISWOLD CO-OP TEL					
Signature of Authorized Officer or employee: 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 or employee: Amy McLaren					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: HAWKEYE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Charles Gray</p>				<p><small>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</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer or employee: Charles Gray</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 563-427-3331</p>					
Study Area Code of Reporting Carrier	351199		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 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, the 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: HOSPERS TEL EXCH INC					
Signature of Authorized Officer or employee: David Raak				Digitally signed by David Raak DN:cn=David Raak,email=dave@hospers tel exch inc,l=Hospers IA 51238, Date:5/18/2015	
				Date: 5/18/2015	
Printed name of Authorized Officer or employee: David Raak					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: HUBBARD COOP ASSN					
Signature of Authorized Officer or employee: David Lowe				Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop assn,l=Hubbard IA 50122-0428, Date:5/22/2015	
				Date: 5/22/2015	
Printed name of Authorized Officer or employee: David Lowe					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: HUXLEY COMM. COOP.</p>					
<p>Signature of Authorized Officer or employee: Gary Clark</p>				<p><small>Digitally signed by Gary Clark DN:cn=Gary Clark,email=garyc@huxleycommunications.net,O=huxley comm. coop.,l=Huxley IA 50124-0036, Date:5/18/2015</small></p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer or employee: Gary Clark</p>					
<p>Title or position of Authorized Officer or employee: General Manager and Executive VP</p>					
<p>Telephone number of Authorized Officer or employee: 515-597-2281</p>					
<p>Study Area Code of Reporting Carrier</p>	351205		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: IAMO TEL CO - IA</p>					
<p>Signature of Authorized Officer or employee: Jack Jones</p>				<p><small>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</small></p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer or employee: Jack Jones</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-583-3232</p>					
<p>Study Area Code of Reporting Carrier</p>	351206		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: INTERSTATE 35 TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mike Weis</p>				<p><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></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer or employee: Mike Weis</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 641-765-4201</p>					
Study Area Code of Reporting Carrier	351209		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 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, the 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: KALONA COOP TEL CO					
Signature of Authorized Officer or employee: Casey Peck				<small>Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey@kctc.net,O=kalona coop tel co,l=Kalona IA 52247-1208, Date:5/27/2015</small> Date: 5/27/2015	
Printed name of Authorized Officer or employee: Casey Peck					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 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 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 <i>KeyStone Fennels Corp Tel 10</i>			
Signature of authorized officer <i>Byron Hiram</i>		Date	<i>5-20-15</i>
Printed name of authorized officer <i>Byron Hiram</i>			
Title or position of authorized officer <i>General Manager</i>			
Telephone number of authorized officer: <i>384423241 ext.</i>			
Study Area Code of Reporting Carrier	<i>351217</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. §§ 302, 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 Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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: LA PORTE CITY TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Chris Hopp					
Title or position of Authorized Officer or employee: Executive Secretary					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: LA MOTTE TEL CO</p>					
<p>Signature of Authorized Officer or employee: JoAnne Gregorich</p>				<p><small>Digitally signed by JoAnne Gregorich DN: cn=JoAnne Gregorich, email=joanne@lamotte-telco.com, O=la motte tel co, I=LaMotte IA 52054, Date: 5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer or employee: JoAnne Gregorich</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 563-773-2213</p>					
<p>Study Area Code of Reporting Carrier</p>	351222		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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, the 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: LEHIGH VALLEY COOP					
Signature of Authorized Officer or employee: Jim Suchan				Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop,l=Lehigh IA 50557-0137, Date:5/18/2015	
				Date: 5/18/2015	
Printed name of Authorized Officer or employee: Jim Suchan					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 515-359-2211					
Study Area Code of Reporting Carrier	351225		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 SL917(d)(vii).			
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) 925-3659			
Study Area Code of Reporting Carrier	361228	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Received Time May. 15. 2:26PM

Transmittal No. 1455

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, the 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: LOST NATION-ELWOOD					
Signature of Authorized Officer or employee: 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 or employee: Kelly Johnson					
Title or position of Authorized Officer or employee: General Manager /CEO					
Telephone number of Authorized Officer or employee: 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 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				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 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 <u>Lynnville Telephone Company LLC</u>				
Signature of authorized officer <u><i>G. Neill</i></u>		Date <u>5-26-15</u>		
Printed name of authorized officer <u>Gary Neill</u>				
Title or position of authorized officer <u>General Manager</u>				
Telephone number of authorized officer: <u>(402) 477-1354</u>				
Study Area Code of Reporting Carrier <u>351232</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. § 1501.				


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, the 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: FARMERS (MANILLA)					
Signature of Authorized Officer or employee: Thomas Conry				<small>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</small> Date: 5/20/2015	
Printed name of Authorized Officer or employee: Thomas Conry					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 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 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, the 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: MARNE & ELK HORN TEL					
Signature of Authorized Officer or employee: Janell Hansen				<small>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</small> Date: 5/18/2015	
Printed name of Authorized Officer or employee: Janell Hansen					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 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 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 Martelle Cooperative Telephone Association				
Signature of authorized officer 			Date	5-16-2015
Printed name of authorized officer Hans Arwine				
Title or position of authorized officer General Manager				
Telephone number of authorized officer: (319) 482-2381				
Study Area Code of Reporting Carrier		351238	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: MASSENA TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Kathleen Foster					
Title or position of Authorized Officer or employee: Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 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 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				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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				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			
Study Area Code of Reporting Carrier	351242	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. 55 502, 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					Minburn Telephone Company						
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/Asst. 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)		6/15/2015			
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 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, the 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: MINERVA VALLEY TEL					
Signature of Authorized Officer or employee: Levi Bappe				Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=mvity@netins.net,O=minerva valley tel,l=Zearing IA 50278-0176, Date:5/27/2015	
				Date: 5/27/2015	
Printed name of Authorized Officer or employee: Levi Bappe					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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 S1.917(d)(vii).

Name of Reporting Carrier				Modern Cooperative Telephone Co.	
Signature of authorized officer			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 (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 <u>Mutual Telephone Company of Morning Sun</u>				
Signature of authorized officer 			Date	<u>5/18/2015</u>
Printed name of authorized officer <u>Randy Foor</u>				
Title or position of authorized officer <u>Executive Vice President</u>				
Telephone number of authorized officer: <u>319.864.7634</u>				
Study Area Code of Reporting Carrier		<u>351250</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. §§ 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 Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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: MEDIAPOLIS TEL CO					
Signature of Authorized Officer or employee: 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 or employee: William Malcom					
Title or position of Authorized Officer or employee: General Manager & CEO					
Telephone number of Authorized Officer or employee: 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 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, the 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: MUTUAL TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Doug Boone					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 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 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 North English Cooperative Telephone Company			
Signature of authorized officer <i>Reed Osterberg</i>		Date	5/18/2015
Printed name of authorized officer Reed Osterberg			
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 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, the 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: NORTHERN IOWA TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Doug Boone					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 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 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, the 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: NORTHWEST IOWA TEL					
Signature of Authorized Officer or employee: Paul Bergmann				<small>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</small> Date: 5/21/2015	
Printed name of Authorized Officer or employee: Paul Bergmann					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: NORTHWEST TEL COOP					
Signature of Authorized Officer or employee: 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 or employee: Donald Miller					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 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 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, the 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: COMM 1 NETWORK					
Signature of Authorized Officer or employee: Randy Yeakel				Date: 5/15/2015	
Printed name of Authorized Officer or employee: Randy Yeakel					
Title or position of Authorized Officer or employee: General Manager/ Director					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: OGDEN TEL CO - IA</p>					
<p>Signature of Authorized Officer or employee: Gary Clark</p>				<p><small>Digitally signed by Gary Clark DN:cn=Gary Clark,email=ogdentelgary@netins.net,O=ogden tel co - ia,I=Ogden IA 50212, Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer or employee: Gary Clark</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 515-275-2050</p>					
Study Area Code of Reporting Carrier	351263		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 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, the 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: OLIN TEL CO, INC					
Signature of Authorized Officer or employee: Rodney Cozart				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	
				Date: 5/19/2015	
Printed name of Authorized Officer or employee: Rodney Cozart					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 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 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		Onslow Cooperative Telephone Association	
Signature of authorized officer		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 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				Oran Mutual Telephone Company	
Signature of authorized officer		<i>Barb Gruetzmacher</i>		Date	05/18/2015
Printed name of authorized officer		Barb Gruetzmacher			
Title or position of authorized officer		Secretary/Treasurer			
Telephone number of authorized officer:		(319) 638-6006			
Study Area Code of Reporting Carrier		351266	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 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, the 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: PALO COOP TEL ASSN					
Signature of Authorized Officer or employee: 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 or employee: Scott Hobson					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: PALMER MUTUAL TEL CO					
Signature of Authorized Officer or employee: Andy Peterson				Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co,IA=Palmer IA 50571, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer or employee: Andy Peterson					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 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 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, the 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: PANORA COMM COOP					
Signature of Authorized Officer or employee: Andrew Randol				Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panoratelco.com,O=panora comm coop,l=Panora IA 50216, Date:5/19/2015	
Date: 5/19/2015					
Printed name of Authorized Officer or employee: Andrew Randol					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: PEOPLES TEL CO - IA</p>					
<p>Signature of Authorized Officer or employee: Curt Kawlewski</p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel co - ia, Date:5/18/2015</p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer or employee: Curt Kawlewski</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 507-233-4172</p>					
Study Area Code of Reporting Carrier	351273		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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: PRAIRIEBURG TEL CO</p>					
<p>Signature of Authorized Officer or employee: LaRae Reichenauer</p>				<p>Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel co,l= , Date:5/21/2015</p>	
<p>Date: 5/21/2015</p>					
<p>Printed name of Authorized Officer or employee: LaRae Reichenauer</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 319-437-3611</p>					
<p>Study Area Code of Reporting Carrier</p>	351275		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

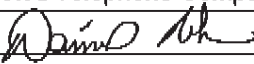
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: PRESTON TEL CO					
Signature of Authorized Officer or employee: Roger Kilburg				Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestonel.com,O=preston tel co,l=Preston IA 52069-0167, Date:5/26/2015	
Date: 5/26/2015					
Printed name of Authorized Officer or employee: Roger Kilburg					
Title or position of Authorized Officer or employee: Manager/Secretary-Treasurer					
Telephone number of Authorized Officer or employee: 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 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, the 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: RADCLIFFE TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Edwin Drake					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 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 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 Ringsted Telephone Company			
Signature of authorized officer 		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			
Study Area Code of Reporting Carrier	351280	Filing Due Date for this form (mm/dd/yyyy)	5/15/2015
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.			

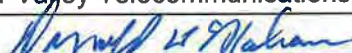
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: ROCKWELL COOP ASSN					
Signature of Authorized Officer or employee: David Severin				<small>Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop assn,l=Rockwell IA 50469, Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer or employee: David Severin					
Title or position of Authorized Officer or employee: General Mgr/Assist Secretary-Treasurer					
Telephone number of Authorized Officer or employee: 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 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, the 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: ROYAL TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Doug Nelson					
Title or position of Authorized Officer or employee: General Manager/CCO					
Telephone number of Authorized Officer or employee: 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.					

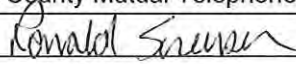
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 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				
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 AN OFFICER OF THE REPORTING CARRIER

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

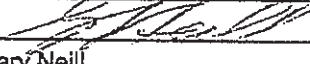
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier	Sac County Mutual Telephone Company				
Signature of authorized officer				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 (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: SCHALLER TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Missy Kestel					
Title or position of Authorized Officer or employee: Accounting General Manager					
Telephone number of Authorized Officer or employee: 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 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 Searsboro Telephone Company LLC				
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				
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 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, the 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: SHARON TEL CO					
Signature of Authorized Officer or employee: Robert Schneider, Jr.				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	
Date: 5/20/2015					
Printed name of Authorized Officer or employee: Robert Schneider, Jr.					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 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 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, the 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: SCRANTON TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Samuel Fengel					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: SHELL ROCK COMM					
Signature of Authorized Officer or employee: 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 or employee: Richard McBurney					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 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 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, the 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: HEART OF IOWA COMM.					
Signature of Authorized Officer or employee: 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 or employee: Bryan Amundson					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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, the 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: SOUTH SLOPE COOP TEL					
Signature of Authorized Officer or employee: Justyn Miller				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	
				Date: 5/15/2015	
Printed name of Authorized Officer or employee: Justyn Miller					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 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 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, the 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: SOUTHWEST TEL EXCH					
Signature of Authorized Officer or employee: 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 or employee: Mike Weis					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 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 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, the 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: SPRINGVILLE COOP TEL					
Signature of Authorized Officer or employee: Jean Schilling				<small>Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvt@netins.net,O=springville coop tel,l=Springville IA 52336-0009, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer or employee: Jean Schilling					
Title or position of Authorized Officer or employee: Office Manager					
Telephone number of Authorized Officer or employee: 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 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 Cooperative Telephone Exchange			
Signature of authorized officer 		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)	5/15/2015
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 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, the 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: SO. SLOPE-SWISHER					
Signature of Authorized Officer or employee: 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 or employee: Justyn Miller					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 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.					

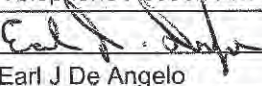
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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				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		
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 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 Sully Telephone Association				
Signature of authorized officer 			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				
Study Area Code of Reporting Carrier	351306	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Superior Telephone Co-op	
Signature of authorized officer			Date		5-13-15
Printed name of authorized officer			Bob Soat		
Title or position of authorized officer			Board President		
Telephone number of authorized officer: () - ext.			712-858-4591		
Study Area Code of Reporting Carrier		351307	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 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				Templeton Telephone Company	
Signature of authorized officer			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. §§ 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 Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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: TERRIL TEL. COOP.					
Signature of Authorized Officer or employee: 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 or employee: Douglas Nelson					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 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 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, the 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: TITONKA-BURT					
Signature of Authorized Officer or employee: Vicky Nelson				Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt,l=Titonka IA 50480-0321, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer or employee: Vicky Nelson					
Title or position of Authorized Officer or employee: Secretary-Treasurer					
Telephone number of Authorized Officer or employee: 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 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, the 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: UNITED FARMERS TEL					
Signature of Authorized Officer or employee: Roxanne White				Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel,l=Everly IA 51338, Date:5/27/2015	
Date: 5/27/2015					
Printed name of Authorized Officer or employee: Roxanne White					
Title or position of Authorized Officer or employee: Executive Vice President					
Telephone number of Authorized Officer or employee: 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 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, the 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: VAN BUREN TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Kevin Hranicka					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: VAN HORNE COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Kerry Less</p>				<p><small>Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop tel,I=Van Horne IA 52346-0096, Date:5/15/2015</small></p>	
<p>Date: 5/15/2015</p>					
<p>Printed name of Authorized Officer or employee: Kerry Less</p>					
<p>Title or position of Authorized Officer or employee: CFO - Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 319-228-8791</p>					
<p>Study Area Code of Reporting Carrier</p>	351320		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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, the 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: VENTURA TEL CO, INC					
Signature of Authorized Officer or employee: 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 or employee: Thomas Lovell					
Title or position of Authorized Officer or employee: General Manager/Vice President					
Telephone number of Authorized Officer or employee: 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.					

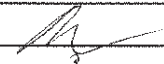
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, the 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: VILLISCA FARMERS TEL					
Signature of Authorized Officer or employee: 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 or employee: Kevin Cabbage					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 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.					

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					WALNUT TELEPHONE COMPANY, INC.					
Signature of authorized officer						Date		18 MAY 2015		
Printed name of authorized officer					BRUCE HYNES					
Title or position of authorized officer					PRESIDENT / GENERAL MANAGER					
Telephone number of authorized officer:					712.766.2211 ext.					
Study Area Code of Reporting Carrier			351326		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, the 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: WEBB-DICKENS TEL					
Signature of Authorized Officer or employee: 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 or employee: Doug Boone					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 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 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, the 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: WEBSTER-CALHOUN COOP					
Signature of Authorized Officer or employee: 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 or employee: Daryl Carlson					
Title or position of Authorized Officer or employee: Executive Vice President					
Telephone number of Authorized Officer or employee: 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 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 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 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, the 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: WEST IOWA TEL CO					
Signature of Authorized Officer or employee: Robert Gannon				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	
Date: 5/15/2015					
Printed name of Authorized Officer or employee: Robert Gannon					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 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 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, the 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: WEST LIBERTY TEL CO					
Signature of Authorized Officer or employee: Craig Bieber				Digitally signed by Craig Bieber DN:cn=Craig Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,lc=, Date:5/22/2015	
Date: 5/22/2015					
Printed name of Authorized Officer or employee: Craig Bieber					
Title or position of Authorized Officer or employee: Controller/Treasurer					
Telephone number of Authorized Officer or employee: 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 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		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	
Study Area Code of Reporting Carrier	351334	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 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, the 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: WESTSIDE INDEPENDENT					
Signature of Authorized Officer or employee: 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 or employee: Jane Morlok					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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 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, the 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: WILTON TEL CO					
Signature of Authorized Officer or employee: 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 or employee: Stacie Harris					
Title or position of Authorized Officer or employee: General Manager/CFO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

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

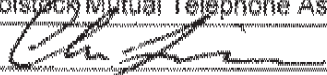
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Winnebago Cooperative Telecom Association	
Signature of authorized officer			Date		5/18/2015
Printed name of authorized officer			Mark Thoma		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(641) 592-6105		
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 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				Woolstock Mutual Telephone Assn.			
Signature of authorized officer					Date		5/14/2015
Printed name of authorized officer			Chris Simmons				
Title or position of authorized officer			General Manager				
Telephone number of authorized officer			(515) 839-5571				
Study Area Code of Reporting Carrier		351342	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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: WYOMING MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Debra Williams</p>				<p><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></p>	
<p>Date: 5/19/2015</p>					
<p>Printed name of Authorized Officer or employee: Debra Williams</p>					
<p>Title or position of Authorized Officer or employee: Office Manager/Board Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 563-488-2535</p>					
<p>Study Area Code of Reporting Carrier</p>	351343		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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, the 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: PRAIRIE TEL CO					
Signature of Authorized Officer or employee: Jane Morlok				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	
Date: 5/22/2015					
Printed name of Authorized Officer or employee: Jane Morlok					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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).</p>					
<p>Name of Reporting Carrier: ACE TEL ASSN-IA</p>					
<p>Signature of Authorized Officer or employee: Todd Roesler</p>				<p><small>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</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer or employee: Todd Roesler</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 507-896-6292</p>					
Study Area Code of Reporting Carrier	351346		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 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, the 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: ALLIANCE-HILLS IA					
Signature of Authorized Officer or employee: 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 or employee: Kari Flanagan					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 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 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: Killduff Telephone Company LLC

Signature of authorized officer

Date

5-25-15

Printed name of authorized officer: Michael Hatfield

Title or position of authorized officer: General Manager

Telephone number of authorized officer: (817) 509-1228

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 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, the 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: MABEL COOP TEL-IA					
Signature of Authorized Officer or employee: Lorren Tingesdal				Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabeltel.coop,O=mabel coop tel-ia, Mabel MN 55954-0368, Date:5/18/2015	
				Date: 5/18/2015	
Printed name of Authorized Officer or employee: Lorren Tingesdal					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 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 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				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			
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.					