

VOLUME 1

APPENDIX F Exhibit 3

CARRIER CERTIFICATIONS Accuracy of CAF ICC Data

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: OXFORD WEST TEL CO</p>					
<p>Signature of Authorized Officer: Dawna Hannan</p>				<p>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</p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer: Dawna Hannan</p>					
<p>Title or position of Authorized Officer: Director Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER,

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

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: OXFORD COUNTY TEL</p>					
<p>Signature of Authorized Officer: 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: Dawna Hannan</p>					
<p>Title or position of Authorized Officer: Director Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PINE TREE TEL LLC</p>					
<p>Signature of Authorized Officer: Dennis Andrews</p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=pine tree tel llc,lc= , Date:5/20/2015</small></p> <p>Date: 5/20/2015</p>	
<p>Printed name of Authorized Officer: Dennis Andrews</p>					
<p>Title or position of Authorized Officer: Sr Vice President</p>					
<p>Telephone number of Authorized Officer: 256-586-1420</p>					
<p>Study Area Code of Reporting Carrier</p>	100020		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Union River Telephone Company			
Signature of Authorized Officer 			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.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: UNITEL, INC.</p>					
<p>Signature of Authorized Officer: Laurie Osgood</p>				<p>Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@uninets.net,O=unitel, inc.,I=Unity ME 04988-0165, Date:5/26/2015</p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer: Laurie Osgood</p>					
<p>Title or position of Authorized Officer: CEO/President</p>					
<p>Telephone number of Authorized Officer: 207-948-9952</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>100029</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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: RICHMOND TEL CO</p>					
<p>Signature of Authorized Officer: Richard Drake Jr.</p>				<p><small>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</small></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer: Richard Drake Jr.</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 518-328-0336</p>					
<p>Study Area Code of Reporting Carrier</p>	110037		<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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Bretton Woods Telephone Company, Inc.**

Signature of Authorized Officer

Date **05/19/2015**

Printed name of Authorized Officer **Art Nicholson**

Title or position of Authorized Officer **V.P. Operations**

Telephone number of Authorized Officer: **(603) 278-9911** ext.

Study Area Code of Reporting Carrier

120038

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GRANITE STATE TEL</p>					
<p>Signature of Authorized Officer: Susan King</p>				<p><small>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</small></p> <p>Date: 5/23/2015</p>	
<p>Printed name of Authorized Officer: Susan King</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 603-529-9941</p>					
<p>Study Area Code of Reporting Carrier</p>	120039		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DIXVILLE TEL CO</p>					
<p>Signature of Authorized Officer: Ann Walsh</p>				<p>Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co, Inc., Date: 5/27/2015</p>	
<p>Date: 5/27/2015</p>					
<p>Printed name of Authorized Officer: Ann Walsh</p>					
<p>Title or position of Authorized Officer: Assistant Secretary</p>					
<p>Telephone number of Authorized Officer: 781-402-1731</p>					
<p>Study Area Code of Reporting Carrier</p>	120042		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DUNBARTON TEL CO					
Signature of Authorized Officer: David Montgomery				<small>Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer: David Montgomery					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 603-774-9911					
Study Area Code of Reporting Carrier	120043		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FRANKLIN TEL CO - VT</p>					
<p>Signature of Authorized Officer: Kimberly Gates Maynard</p>				<p>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</p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer: Kimberly Gates Maynard</p>					
<p>Title or position of Authorized Officer: Treasurer</p>					
<p>Telephone number of Authorized Officer: 802-285-9911</p>					
<p>Study Area Code of Reporting Carrier</p>	140053		<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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Topsham Telephone Company, Inc.

Signature of Authorized Officer 

Date

5/22/2015

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

Title or position of Authorized Officer President

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

Study Area Code of Reporting Carrier

140068

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WAITSFIELD/FAYSTON					
Signature of Authorized Officer: Roger Nishi				Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvr.com,O=waitsfield/fayston,I=Waitsfield VT 05673, Date:5/26/2015	
Date: 5/26/2015					
Printed name of Authorized Officer: Roger Nishi					
Title or position of Authorized Officer: Vice President - Industry Relations					
Telephone number of Authorized Officer: 802-496-8336					
Study Area Code of Reporting Carrier	140069		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Vermont Telephone Co., Inc.				
Signature of Authorized Officer <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 ext.				
Study Area Code of Reporting Carrier	147332		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARMSTRONG TEL CO-NY					
Signature of Authorized Officer: James Ranko				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-ny,lc=US, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: James Ranko					
Title or position of Authorized Officer: Director of Regulatory Compliance					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	150071		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CASSADAGA TEL CORP</p>					
<p>Signature of Authorized Officer: Mark Maytum</p>				<p><small>Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=cassadaga tel corp,l=Fredonia NY 14063-0209, Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer: Mark Maytum</p>					
<p>Title or position of Authorized Officer: President, COO</p>					
<p>Telephone number of Authorized Officer: 716-673-3016</p>					
<p>Study Area Code of Reporting Carrier</p>	150076		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CHAMPLAIN TEL CO</p>					
<p>Signature of Authorized Officer: Mark Webster</p>				<p><small>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</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Mark Webster</p>					
<p>Title or position of Authorized Officer: Controller</p>					
<p>Telephone number of Authorized Officer: 518-298-2480</p>					
<p>Study Area Code of Reporting Carrier</p>	150077		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier CHAZY AND WESTPORT TELEPHONE CORPORATION				
Signature of Authorized Officer 				Date 5/18/2015
Printed name of Authorized Officer JAMES P. FORCIER				
Title or position of Authorized Officer PRESIDENT				
Telephone number of Authorized Officer: (518) 962-8211 ext.				
Study Area Code of Reporting Carrier	150079	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				Citizens Telephone Company of Hammond, NY, Inc.	
Signature of Authorized Officer					
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	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CROWN POINT TEL CORP					
Signature of Authorized Officer: Shana Macey				Digitally signed by Shana Macey DN:cn=Shana Macey,email=shana.macey@cptelco.net,O=crown point tel corp,l=Crown Point NY 12928, Date:5/21/2015	
Date: 5/21/2015					
Printed name of Authorized Officer: Shana Macey					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 518-597-3300					
Study Area Code of Reporting Carrier	150085		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DELHI TEL CO					
Signature of Authorized Officer: Jason Miller				<small>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</small> Date: 5/19/2015	
Printed name of Authorized Officer: Jason Miller					
Title or position of Authorized Officer: Vice President/Treasurer					
Telephone number of Authorized Officer: 607-746-1524					
Study Area Code of Reporting Carrier	150088		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DUNKIRK & FREDONIA</p>					
<p>Signature of Authorized Officer: Mark Maytum</p>				<p><small>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</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer: Mark Maytum</p>					
<p>Title or position of Authorized Officer: President, COO</p>					
<p>Telephone number of Authorized Officer: 716-673-3016</p>					
<p>Study Area Code of Reporting Carrier</p>	150091		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: EMPIRE TEL CORP					
Signature of Authorized Officer: Tom Prestigiacomo				<small>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:5/21/2015</small> Date: 5/21/2015	
Printed name of Authorized Officer: Tom Prestigiacomo					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 607-522-4237					
Study Area Code of Reporting Carrier	150093		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FISHERS ISLAND TEL					
Signature of Authorized Officer: J. Finan				<small>Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=fishers island tel,l= , Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: J. Finan					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 631-788-7251					
Study Area Code of Reporting Carrier	150095		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GERMANTOWN TEL CO					
Signature of Authorized Officer: Bruce Bohnsack				<small>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</small> Date: 5/15/2015	
Printed name of Authorized Officer: Bruce Bohnsack					
Title or position of Authorized Officer: President and CEO					
Telephone number of Authorized Officer: 518-537-4835					
Study Area Code of Reporting Carrier	150097		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MARGARETVILLE TEL CO</p>					
<p>Signature of Authorized Officer: 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: Glen Faulkner</p>					
<p>Title or position of Authorized Officer: Asst Secretary / Treasurer</p>					
<p>Telephone number of Authorized Officer: 845-586-3311</p>					
<p>Study Area Code of Reporting Carrier</p>	150104		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MIDDLEBURGH TEL CO					
Signature of Authorized Officer: Marjorie Becker				<small>Digitally signed by Marjorie Becker DN:cn=Marjorie Becker,email=info@midtel.net,O=middleburgh tel co,l=Middleburgh NY 12122-0191, Date:5/21/2015</small> Date: 5/21/2015	
Printed name of Authorized Officer: Marjorie Becker					
Title or position of Authorized Officer: CEO & General Manager					
Telephone number of Authorized Officer: 518-827-5211					
Study Area Code of Reporting Carrier	150105		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NEWPORT TEL CO</p>					
<p>Signature of Authorized Officer: 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: Joseph Tomaino</p>					
<p>Title or position of Authorized Officer: Vice President of Operations</p>					
<p>Telephone number of Authorized Officer: 315-845-8112</p>					
<p>Study Area Code of Reporting Carrier</p>	150107		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NICHOLVILLE TEL CO</p>					
<p>Signature of Authorized Officer: Jeffrey McGrath</p>				<p>Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slc.com,O=nicholville tel co,l=Nicholville NY 12965, Date:5/22/2015</p>	
<p>Date: 5/22/2015</p>					
<p>Printed name of Authorized Officer: Jeffrey McGrath</p>					
<p>Title or position of Authorized Officer: Vice President/CIO</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ONEIDA COUNTY RURAL</p>					
<p>Signature of Authorized Officer: Thomas Ellis</p>				<p><small>Digitally signed by Thomas Ellis DN:cn=Thomas Ellis,email=tellis@northlandcom.com,O=oneida county rural,lc= , Date:5/21/2015</small></p>	
<p>Date: 5/21/2015</p>					
<p>Printed name of Authorized Officer: Thomas Ellis</p>					
<p>Title or position of Authorized Officer: Executive Vice President</p>					
<p>Telephone number of Authorized Officer: 315-624-2000</p>					
<p>Study Area Code of Reporting Carrier</p>	150111		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ONTARIO TEL CO, INC.					
Signature of Authorized Officer: Sean Socha				<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: Sean Socha					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 585-433-6666					
Study Area Code of Reporting Carrier	150112		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PATTERSONVILLE TEL</p>					
<p>Signature of Authorized Officer: Tammy Krisher</p>				<p>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</p>	
<p>Date: 5/21/2015</p>					
<p>Printed name of Authorized Officer: Tammy Krisher</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 518-887-2121</p>					
<p>Study Area Code of Reporting Carrier</p>	150116		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: STATE TEL CO					
Signature of Authorized Officer: Mark Evans				<small>Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel co,lc= , Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Mark Evans					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 518-731-6128					
Study Area Code of Reporting Carrier	150125		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.


Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TRUMANSBURG TEL CO.</p>					
<p>Signature of Authorized Officer: Sean Socha</p>				<p><small>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=trumansburg tel co.,l= , Date:5/22/2015</small></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer: Sean Socha</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 585-433-6666</p>					
<p>Study Area Code of Reporting Carrier</p>	150131		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	Altera of Warwick, LLC		
Signature of Authorized Officer			Date 3/24/16
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.			

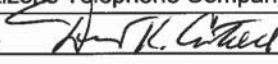
Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	
Name of Reporting Carrier	A Heva of Warwick, LLC
Signature of Authorized Officer	 Date 3/26/15
Printed name of Authorized Officer	Brian Callahan
Title or position of Authorized Officer	Executive Vice President, CFO
Telephone number of Authorized Officer: () ext. (267) 234-7408	
Study Area Code of Reporting Carrier 1160135	Filing Due Date for this form (mm/dd/yyyy) 6-16-15
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Citizens Telephone Company of Kecksburg			
Signature of Authorized Officer 			Date 5/27/2015
Printed name of Authorized Officer Dennis K. Cutrell			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (724) 424-4444, ext.			
Study Area Code of Reporting Carrier	170156	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HICKORY TEL CO</p>					
<p>Signature of Authorized Officer: Grier Adamson</p>				<p><small>Digitally signed by Grier Adamson DN:cn=Grier Adamson,email=grier@hky.com,O=hickory tel co,l= , Date:5/19/2015</small></p> <p>Date: 5/19/2015</p>	
<p>Printed name of Authorized Officer: Grier Adamson</p>					
<p>Title or position of Authorized Officer: CEO/Treasurer</p>					
<p>Telephone number of Authorized Officer: 724-356-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>170171</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LACKAWAXEN TELECOM</p>					
<p>Signature of Authorized Officer: Deborah Szmyd</p>				<p><small>Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=deborah.szmyd@ltis.net,O=lackawaxen telecom,lc=Rowland PA 18457, Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer: Deborah Szmyd</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 570-685-1096</p>					
<p>Study Area Code of Reporting Carrier</p>	170177		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LAUREL HIGHLAND TEL</p>					
<p>Signature of Authorized Officer: James Kail</p>				<p><small>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtot.com,O=laurel highland tel,l=Stahlstown PA 15687-0168, Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: James Kail</p>					
<p>Title or position of Authorized Officer: CEO & President</p>					
<p>Telephone number of Authorized Officer: 724-593-2411</p>					
<p>Study Area Code of Reporting Carrier</p>	170179		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARMSTRONG TEL CO-PA					
Signature of Authorized Officer: James Ranko				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-pa,/= , Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: James Ranko					
Title or position of Authorized Officer: Director of Regulatory Compliance					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	170189		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NORTH-EASTERN PA TEL</p>					
<p>Signature of Authorized Officer: 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: Thomas Mendicino</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 570-785-2210</p>					
<p>Study Area Code of Reporting Carrier</p>	170191		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NORTH PENN TEL CO</p>					
<p>Signature of Authorized Officer: Tom Prestigiacomo</p>				<p>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/21/2015</p>	
<p>Date: 5/21/2015</p>					
<p>Printed name of Authorized Officer: Tom Prestigiacomo</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 607-522-4237</p>					
<p>Study Area Code of Reporting Carrier</p>	170192		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ARMSTRONG TEL NORTH</p>					
<p>Signature of Authorized Officer: James Ranko</p>				<p><small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel north, = , Date:5/19/2015</small></p> <p>Date: 5/19/2015</p>	
<p>Printed name of Authorized Officer: James Ranko</p>					
<p>Title or position of Authorized Officer: Director of Regulatory Compliance</p>					
<p>Telephone number of Authorized Officer: 724-283-0925</p>					
<p>Study Area Code of Reporting Carrier</p>	170195		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PALMERTON TEL CO</p>					
<p>Signature of Authorized Officer: 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: Thomas Lager</p>					
<p>Title or position of Authorized Officer: Vice President of Operations</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier	Pennsylvania Telephone Company		
Signature of Authorized Officer	<i>Mary E. Davis</i>	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	570-345-7101 ext.		
Study Area Code of Reporting Carrier	170197	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PYMATUNING IND TEL</p>					
<p>Signature of Authorized Officer: Deborah Nobles</p>				<p>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</p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer: Deborah Nobles</p>					
<p>Title or position of Authorized Officer: VP of Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer: 904-259-0029</p>					
Study Area Code of Reporting Carrier	170200		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SOUTH CANAAN TEL CO</p>					
<p>Signature of Authorized Officer: 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: James Kail</p>					
<p>Title or position of Authorized Officer: CEO & President</p>					
<p>Telephone number of Authorized Officer: 724-593-2411</p>					
<p>Study Area Code of Reporting Carrier</p>	170205		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VENUS TEL CORP					
Signature of Authorized Officer: Janice Kline				<small>Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel corp,l=Venus PA 16364, Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer: Janice Kline					
Title or position of Authorized Officer: General Manager and Asst. Sec/Treas.					
Telephone number of Authorized Officer: 814-354-6400					
Study Area Code of Reporting Carrier	170210		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: YUKON - WALTZ TEL CO</p>					
<p>Signature of Authorized Officer: James Kail</p>				<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> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: James Kail</p>					
<p>Title or position of Authorized Officer: CEO & President</p>					
<p>Telephone number of Authorized Officer: 724-593-2411</p>					
<p>Study Area Code of Reporting Carrier</p>	170215		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WEST SIDE TEL CO-PA</p>					
<p>Signature of Authorized Officer: John Ludenia</p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa,lc= , Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: John Ludenia</p>					
<p>Title or position of Authorized Officer: V.P. Operations, General manager</p>					
<p>Telephone number of Authorized Officer: 304-983-8642</p>					
<p>Study Area Code of Reporting Carrier</p>	170277		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARMSTRONG TEL OF MD					
Signature of Authorized Officer: James Ranko				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel of md,/= , Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: James Ranko					
Title or position of Authorized Officer: Director of Regulatory Compliance					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	180216		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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PAGE 05/VOLUME 1

APPENDIX D

EXHIBIT 3

May 22 2015 01:54PM Bugge Island Telephone 4346361218

page 5

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICG Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Bugge Island Telephone Cooperative			
Signature of Authorized Officer <i>[Signature]</i>			OMA 5-21-15
Printed Name of Authorized Officer Jerry Jones			
Title or position of Authorized Officer President			
Telephone Number of Authorized Officer (434) 836-2274 ext.			
Shore Area Code of Reporting Carrier	190219	Printing Date for this form (mm/dd/yyyy)	6/16/2015
Persons 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.			

Carrier Cert

Transmittal No. 1455

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BURKE'S GARDEN TEL					
Signature of Authorized Officer: Missy Lynch				<small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgto.net,O=burke's garden tel,l= , Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Missy Lynch					
Title or position of Authorized Officer: Office Manager/Secretary					
Telephone number of Authorized Officer: 276-472-2345					
Study Area Code of Reporting Carrier	190220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CITIZENS TEL COOP</p>					
<p>Signature of Authorized Officer: Greg Sapp</p>				<p><small>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</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Greg Sapp</p>					
<p>Title or position of Authorized Officer: CEO & General Manager</p>					
<p>Telephone number of Authorized Officer: 540-745-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	190225		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HIGHLAND TEL COOP</p>					
<p>Signature of Authorized Officer: Ruth Newman</p>				<p><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></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer: Ruth Newman</p>					
<p>Title or position of Authorized Officer: Co-General Manager/Secretary</p>					
<p>Telephone number of Authorized Officer: 540-468-2131</p>					
<p>Study Area Code of Reporting Carrier</p>	190237		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MGW TEL. CO. INC.					
Signature of Authorized Officer: Sheri Smith				Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw tel. co. inc.,l= , Date:5/18/2015 Date: 5/18/2015	
Printed name of Authorized Officer: Sheri Smith					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 540-925-5235					
Study Area Code of Reporting Carrier	190238		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SCOTT COUNTY COOP</p>					
<p>Signature of Authorized Officer: 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: Daniel Odom</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 276-452-7224</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>190248</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 THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SHENANDOAH TEL CO</p>					
<p>Signature of Authorized Officer: Thomas Reed</p>				<p><small>Digitally signed by Thomas Reed DN: cn=Thomas Reed, email=thomas.reed@emp.shentel.com, O=shenandoah tel co, l= , Date: 5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer: Thomas Reed</p>					
<p>Title or position of Authorized Officer: Controller of Financial Reporting</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SHENANDOAH - NR</p>					
<p>Signature of Authorized Officer: 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: Thomas Reed</p>					
<p>Title or position of Authorized Officer: Controller of Financial Reporting</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARMSTRONG OF WV					
Signature of Authorized Officer: James Ranko				<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: James Ranko					
Title or position of Authorized Officer: Director of Regulatory Compliance					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	200256		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SPRUCE KNOB SENECA</p>					
<p>Signature of Authorized Officer: Vickie Colaw</p>				<p><small>Digitally signed by Vickie Colaw DN:cn=Vickie Colaw,email=vcolaw@spruceknob.net,O=spruce knob seneca,l=Riverton WV 26814-0100, Date:5/21/2015</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer: Vickie Colaw</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 304-567-2121</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>200257</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WAR TEL LLC					
Signature of Authorized Officer: Dennis Andrews				<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: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	200258		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HARDY TELECOM</p>					
<p>Signature of Authorized Officer: Scott Sherman</p>				<p><small>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom,lc= , Date:5/15/2015</small></p>	
<p>Date: 5/15/2015</p>					
<p>Printed name of Authorized Officer: Scott Sherman</p>					
<p>Title or position of Authorized Officer: General Manager & CEO</p>					
<p>Telephone number of Authorized Officer: 304-897-9911</p>					
<p>Study Area Code of Reporting Carrier</p>	200259		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARMSTRONG TEL. CO.					
Signature of Authorized Officer: James Ranko				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel. co.,l= , Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: James Ranko					
Title or position of Authorized Officer: Director of Regulatory Compliance					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	200267		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

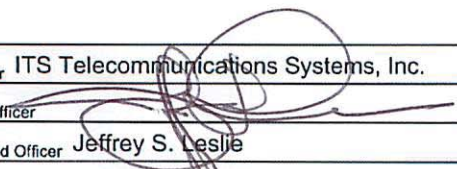
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WEST SIDE TEL-WV</p>					
<p>Signature of Authorized Officer: John Ludenia</p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel-wv,l= , Date:5/18/2015</small></p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer: John Ludenia</p>					
<p>Title or position of Authorized Officer: V.P. Operations, General manager</p>					
<p>Telephone number of Authorized Officer: 304-983-8642</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>200277</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 THE REPORTING CARRIER,

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

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


Name of Reporting Carrier ITS Telecommunications Systems, Inc.				
Signature of Authorized Officer 			Date 5/19/2015	
Printed name of Authorized Officer Jeffrey S. Leslie				
Title or position of Authorized Officer President/CEO				
Telephone number of Authorized Officer: (772) 597-2104 ext.				
Study Area Code of Reporting Carrier	210331	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHEAST FLORIDA					
Signature of Authorized Officer: Deborah Nobles				<small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=northeast florida,l=Macclenny FL 32063-0485, Date:5/22/2015</small> Date: 5/22/2015	
Printed name of Authorized Officer: Deborah Nobles					
Title or position of Authorized Officer: VP of Regulatory Affairs					
Telephone number of Authorized Officer: 904-259-0029					
Study Area Code of Reporting Carrier	210335		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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

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

Name of Reporting Carrier Valley Telephone Co., LLC			
Signature of Authorized Officer 		Date 5/19/2015	
Printed name of Authorized Officer Bruce Schoonover			
Title or position of Authorized Officer Vice-President Regulatory Compliance			
Telephone number of Authorized Officer: (706) 645-8116 , ext.			
Study Area Code of Reporting Carrier	220324	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALMA TEL CO					
Signature of Authorized Officer: Kevin Brooks				<small>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</small> Date: 5/19/2015	
Printed name of Authorized Officer: Kevin Brooks					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 912-632-8603					
Study Area Code of Reporting Carrier	220344		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BRANTLEY TEL CO</p>					
<p>Signature of Authorized Officer: Donovan Strickland</p>				<p><small>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</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer: Donovan Strickland</p>					
<p>Title or position of Authorized Officer: Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer: 912-462-5111</p>					
<p>Study Area Code of Reporting Carrier</p>	220347		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BULLOCH COUNTY RURAL</p>					
<p>Signature of Authorized Officer: John Scott</p>				<p><small>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch county rural,l= , Date:5/20/2015</small></p> <p>Date: 5/20/2015</p>	
<p>Printed name of Authorized Officer: John Scott</p>					
<p>Title or position of Authorized Officer: General Manager/COO</p>					
<p>Telephone number of Authorized Officer: 912-865-1100</p>					
<p>Study Area Code of Reporting Carrier</p>	220348		<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 THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,



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

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

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

Signature of Authorized Officer

Date **May 26, 2015**

Printed name of Authorized Officer **Chad Ledger**

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

Telephone number of Authorized Officer: **(229) 874-4145** ext.

Study Area Code of Reporting Carrier

220355

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Darien Telephone Company, Inc.**

Signature of Authorized Officer *Reginald V. Jackson* Date **May 21, 2015**

Printed name of Authorized Officer **Reginald V. Jackson**

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

Telephone number of Authorized Officer: **(912) 437-4111**, ext.

Study Area Code of Reporting Carrier	220358	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GLENWOOD TEL CO					
Signature of Authorized Officer: Janice O'Brien				Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@glenwoodtelephone.com,O=glenwood tel co,l=Glenwood GA 30428-0235, Date:5/19/2015	
Date: 5/19/2015					
Printed name of Authorized Officer: Janice O'Brien					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 912-523-5111					
Study Area Code of Reporting Carrier	220365		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: COMSOUTH TELECOMM</p>					
<p>Signature of Authorized Officer: Scott Obert-Thorn</p>				<p>Digitally signed by Scott Obert-Thorn DN:cn=Scott Obert-Thorn,email=scott@comsouth.net,O=comsouth telecomm,l=Hawkinsville GA 31306, Date:5/20/2015</p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer: Scott Obert-Thorn</p>					
<p>Title or position of Authorized Officer: Controller</p>					
<p>Telephone number of Authorized Officer: 478-783-4001</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>220369</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PEMBROKE TEL CO</p>					
<p>Signature of Authorized Officer: Mary Anna Hite</p>				<p><small>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</small></p> <p>Date: 5/20/2015</p>	
<p>Printed name of Authorized Officer: Mary Anna Hite</p>					
<p>Title or position of Authorized Officer: Secretary-Treasurer/General Manager</p>					
<p>Telephone number of Authorized Officer: 912-653-4389</p>					
<p>Study Area Code of Reporting Carrier</p>	220376		<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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Pineland Telephone Cooperative, Inc.**

Signature of Authorized Officer 

Date **5/26/15**

Printed name of Authorized Officer **Dustin Durden**

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

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

Study Area Code of Reporting Carrier **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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PLANTERS RURAL COOP					
Signature of Authorized Officer: John Lacienski				<small>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</small> Date: 5/19/2015	
Printed name of Authorized Officer: John Lacienski					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 912-857-4411					
Study Area Code of Reporting Carrier	220378		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PLANT TEL. CO.					
Signature of Authorized Officer: Gordon Duff				<small>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</small> Date: 5/19/2015	
Printed name of Authorized Officer: Gordon Duff					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 229-528-4777					
Study Area Code of Reporting Carrier	220379		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PROGRESSIVE RURAL</p>					
<p>Signature of Authorized Officer: Ron Chambers</p>				<p>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</p>	
<p>Date: 5/19/2015</p>					
<p>Printed name of Authorized Officer: Ron Chambers</p>					
<p>Title or position of Authorized Officer: Office Manager</p>					
<p>Telephone number of Authorized Officer: 478-984-4201</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>220380</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Public Service Telephone Company				
Signature of Authorized Officer 				Date 05/22/2015
Printed name of Authorized Officer James L. Bond				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (478) 847-4111 ext. _____				
Study Area Code of Reporting Carrier	220381	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,



Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TRENTON TEL CO</p>					
<p>Signature of Authorized Officer: Steven Tatum</p>				<p>Digitally signed by Steven Tatum DN: cn=Steven Tatum, email=statum@tvn.net, O=trenton tel co, l= , Date: 5/22/2015</p>	
<p>Date: 5/22/2015</p>					
<p>Printed name of Authorized Officer: Steven Tatum</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 706-657-4367</p>					
<p>Study Area Code of Reporting Carrier</p>	220389		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WAVERLY HALL, LLC</p>					
<p>Signature of Authorized Officer: Deborah Rand</p>				<p>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall, llc,l= , Date:5/26/2015</p>	
<p>Date: 5/26/2015</p>					
<p>Printed name of Authorized Officer: Deborah Rand</p>					
<p>Title or position of Authorized Officer: Vice President Administration & Support</p>					
<p>Telephone number of Authorized Officer: 603-472-9786</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>220392</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WILKES TEL & ELC CO</p>					
<p>Signature of Authorized Officer: April Dyson</p>				<p>Digitally signed by April Dyson DN:cn=April Dyson,email=aprilwtec@nu-z.net,O=wilkes tel & elc co,l=Washington GA 30673, Date:5/21/2015</p>	
<p>Date: 5/21/2015</p>					
<p>Printed name of Authorized Officer: April Dyson</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 706-678-9527</p>					
Study Area Code of Reporting Carrier	220394		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ELLERBE TEL CO</p>					
<p>Signature of Authorized Officer: Dan Bennett</p>				<p><small>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</small></p> <p>Date: 5/27/2015</p>	
<p>Printed name of Authorized Officer: Dan Bennett</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 910-652-2221</p>					
<p>Study Area Code of Reporting Carrier</p>	230478		<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 THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

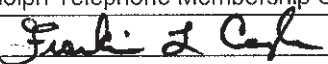
Name of Reporting Carrier	North State Telephone d.b.a. North State Communications		
Signature of Authorized Officer	<i>Lynn B. Welborn</i>	Date	Sep. 10, 2015
Printed name of Authorized Officer	Lynn B. Welborn		
Title or position of Authorized Officer	Vice President and Chief Administrative Officer		
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

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Town of Pineville dba Pineville Telephone Company				
Signature of Authorized Officer <i>Gary W. Creech</i>			Date 5/26/15	
Printed name of Authorized Officer Gary W. Creech				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (704) 889-2001, ext.				
Study Area Code of Reporting Carrier	230494	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

<p>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</p>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
<p>Name of Reporting Carrier Randolph Telephone Membership Corporation</p>				
<p>Signature of Authorized Officer </p>			<p>Date 05/15/2015</p>	
<p>Printed name of Authorized Officer Frankie L. Cagle</p>				
<p>Title or position of Authorized Officer General Manager / CEO</p>				
<p>Telephone number of Authorized Officer: (336) 879-5684 ext.</p>				
<p>Study Area Code of Reporting Carrier</p>	<p>230496</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Randolph Telephone Membership Corporation			
Signature of Authorized Officer <i>Frankie L. Cagle</i>			Date 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SURRY MEMBERSHIP</p>					
<p>Signature of Authorized Officer: Curtis Taylor</p>				<p><small>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/15/2015</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Curtis Taylor</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 336-374-4535</p>					
<p>Study Area Code of Reporting Carrier</p>	230497		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: STAR MEMBERSHIP CORP</p>					
<p>Signature of Authorized Officer: Lyman Horne</p>				<p><small>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</small></p> <p>Date: 5/20/2015</p>	
<p>Printed name of Authorized Officer: Lyman Horne</p>					
<p>Title or position of Authorized Officer: EVP & General Manager</p>					
<p>Telephone number of Authorized Officer: 910-564-7827</p>					
<p>Study Area Code of Reporting Carrier</p>	230502		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SURRY MEMBERSHIP</p>					
<p>Signature of Authorized Officer: 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: Curtis Taylor</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 336-374-4535</p>					
Study Area Code of Reporting Carrier	230503		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TRI COUNTY TEL MEMBR</p>					
<p>Signature of Authorized Officer: Gregory Coltrain</p>				<p><small>Digitally signed by Gregory Coltrain DN:cn=Gregory Coltrain,email=greg@gotricounty.biz,O=tri county tel membr,l=Belhaven NC 27810, Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer: Gregory Coltrain</p>					
<p>Title or position of Authorized Officer: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer: 252-964-8000</p>					
<p>Study Area Code of Reporting Carrier</p>	230505		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WILKES MEMBERSHIP</p>					
<p>Signature of Authorized Officer: Eric Cramer</p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkes.net,O=wilkes membership,l= , Date:5/22/2015</small></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer: Eric Cramer</p>					
<p>Title or position of Authorized Officer: CEO and General Manager</p>					
<p>Telephone number of Authorized Officer: 336-973-6112</p>					
<p>Study Area Code of Reporting Carrier</p>	230510		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Wilkes 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 ext. _____			
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PALMETTO RURAL COOP					
Signature of Authorized Officer: Dewaine Wilson				<small>Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural coop, Date:5/22/2015</small> Date: 5/22/2015	
Printed name of Authorized Officer: Dewaine Wilson					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 843 538-9382					
Study Area Code of Reporting Carrier	240536		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SANDHILL TEL COOP</p>					
<p>Signature of Authorized Officer: 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: Lee Chambers</p>					
<p>Title or position of Authorized Officer: CEO/Manager</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WEST CAROLINA RURAL</p>					
<p>Signature of Authorized Officer: Jeff Wilson</p>				<p>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</p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer: Jeff Wilson</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 864-446-9251</p>					
<p>Study Area Code of Reporting Carrier</p>	240550		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BLOUNTSVILLE TEL LLC					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville tel llc, Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	250282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

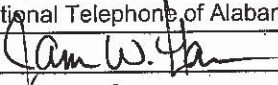
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

Signature of Authorized Officer *Tyler Pair*

Date **05/27/2015**

Printed name of Authorized Officer **Tyler Pair**

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

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

Study Area Code of Reporting Carrier **250290**


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

6/16/2015

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

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HAYNEVILLE TEL CO</p>					
<p>Signature of Authorized Officer: Evelyn Causey</p>				<p><small>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</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer: Evelyn Causey</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HOPPER TELECOMM. LLC					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=hopper telecomm. llc, Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	250300		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MILLRY TEL CO</p>					
<p>Signature of Authorized Officer: Bobby Williams</p>				<p><small>Digitally signed by Bobby Williams DN:cn=Bobby Williams,email=bobbywilliams@millry.net,O=millry tel co,l=Millry AL 36558-0561, Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Bobby Williams</p>					
<p>Title or position of Authorized Officer: Vice President and Assistant Secretary</p>					
<p>Telephone number of Authorized Officer: 251-846-2911</p>					
<p>Study Area Code of Reporting Carrier</p>	250304		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MON-CRE TEL COOP</p>					
<p>Signature of Authorized Officer: Teresa Rich</p>				<p>Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel coop, Ramer AL 36069, Date:5/21/2015</p>	
<p>Date: 5/21/2015</p>					
<p>Printed name of Authorized Officer: Teresa Rich</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 334-562-3242</p>					
<p>Study Area Code of Reporting Carrier</p>	250305		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MOUNDVILLE TEL CO</p>					
<p>Signature of Authorized Officer: R. Taylor</p>				<p><small>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</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: R. Taylor</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 205-371-9011</p>					
<p>Study Area Code of Reporting Carrier</p>	250307		<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 THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PINE BELT TEL CO</p>					
<p>Signature of Authorized Officer: John Nettles</p>				<p><small>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</small></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer: John Nettles</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 334-385-2106</p>					
<p>Study Area Code of Reporting Carrier</p>	250315		<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 THE REPORTING CARRIER,

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

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

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

Signature of Authorized Officer

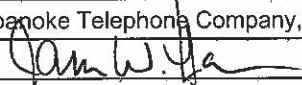
Date **05/22/15**Printed name of Authorized Officer **STEPHANIE JACKSON**Title or position of Authorized Officer **VICE PRESIDENT**Telephone number of Authorized Officer: **(205) 472-2141 ext.**

Study Area Code of Reporting Carrier

250316Filing Due Date for this form
(mm/dd/yyyy)**6/16/2015**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Roanoke Telephone Company, Inc.				
Signature of Authorized Officer 				Date 05/19/2015
Printed name of Authorized Officer James Garner				
Title or position of Authorized Officer Vice President of Operations				
Telephone number of Authorized Officer: (601) 354-9070 , ext.				
Study Area Code of Reporting Carrier	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.				

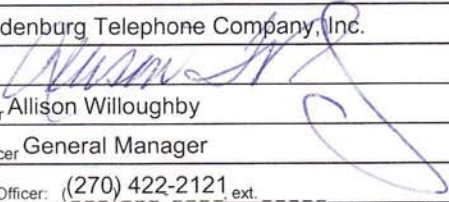
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: UNION SPRINGS TEL CO</p>					
<p>Signature of Authorized Officer: Larry Grogan</p>				<p>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</p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer: Larry Grogan</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 334-738-4400</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>250322</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BALLARD RURAL COOP					
Signature of Authorized Officer: Randy Grogan				<small>Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural coop,I=La Center KY 42056, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Randy Grogan					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 270-665-5186					
Study Area Code of Reporting Carrier	260396		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DUO COUNTY TEL COOP</p>					
<p>Signature of Authorized Officer: Daryl Hammond</p>				<p><small>Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel coop,l=Jamestown KY 42629, Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Daryl Hammond</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 270-343-3131</p>					
<p>Study Area Code of Reporting Carrier</p>	260401		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FOOTHILLS RURAL COOP					
Signature of Authorized Officer: Ruth Conley				<small>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</small> Date: 5/27/2015	
Printed name of Authorized Officer: Ruth Conley					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 606-297-9131					
Study Area Code of Reporting Carrier	260406		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

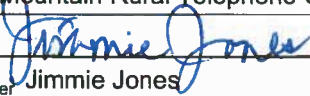
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LOGAN TEL. COOP. INC</p>					
<p>Signature of Authorized Officer: Gregory Hale</p>				<p><small>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</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Gregory Hale</p>					
<p>Title or position of Authorized Officer: General Manager/Executive V.P.</p>					
<p>Telephone number of Authorized Officer: 270-542-4121</p>					
<p>Study Area Code of Reporting Carrier</p>	260413		<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 THE REPORTING CARRIER,

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

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

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



TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: THACKER/GRIGSBY TEL</p>					
<p>Signature of Authorized Officer: William Grigsby</p>				<p><small>Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,l=Hindman KY 41822, Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer: William Grigsby</p>					
<p>Title or position of Authorized Officer: Vice-President/General Manager</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER,

<p>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</p>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier West Kentucky Rural Telephone Cooperative, Inc.</p>			
<p>Signature of Authorized Officer </p>			<p>Date 05/20/2015</p>
<p>Printed name of Authorized Officer Todd Crandall</p>			
<p>Title or position of Authorized Officer Chief Financial Officer</p>			
<p>Telephone number of Authorized Officer: (270) 856-9983 ext. _____</p>			
<p>Study Area Code of Reporting Carrier</p>	<p>260421</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CAMERON TEL CO - LA					
Signature of Authorized Officer: Bruce Petry				<small>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</small> Date: 5/18/2015	
Printed name of Authorized Officer: Bruce Petry					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 337-583-2092					
Study Area Code of Reporting Carrier	270425		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CAMPTI-PLEASANT HILL</p>					
<p>Signature of Authorized Officer: Tom Edens</p>				<p><small>Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campti-pleasant hill,j=Natchitoches LA 71458, Date:5/22/2015</small></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer: Tom Edens</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 318-352-0014</p>					
<p>Study Area Code of Reporting Carrier</p>	270426		<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>					

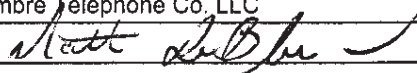
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Delcambre Telephone Co. LLC

Signature of Authorized Officer



Date 5/26/2015

Printed name of Authorized Officer Matt LeBlanc

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (337) 685-2311 ext.

Study Area Code of Reporting Carrier

270428

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

6/16/2015

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

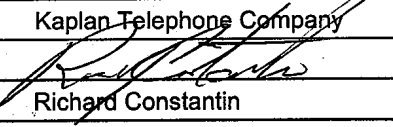
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ELIZABETH TEL CO</p>					
<p>Signature of Authorized Officer: Bruce Petry</p>				<p><small>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</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Bruce Petry</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 337-583-2092</p>					
<p>Study Area Code of Reporting Carrier</p>	270430		<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 THE REPORTING CARRIER,

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

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHEAST LOUISIANA					
Signature of Authorized Officer: Mike George				<small>Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,l=Collinston LA 71229, Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer: Mike George					
Title or position of Authorized Officer: President / General Manager					
Telephone number of Authorized Officer: 318-874-7011					
Study Area Code of Reporting Carrier	270435		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: RESERVE TEL CO</p>					
<p>Signature of Authorized Officer: Scott Small</p>				<p><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</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer: Scott Small</p>					
<p>Title or position of Authorized Officer: Exec. Vice President</p>					
<p>Telephone number of Authorized Officer: 985-536-1326</p>					
<p>Study Area Code of Reporting Carrier</p>	270438		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: STAR TEL CO</p>					
<p>Signature of Authorized Officer: Rebecca Knighten</p>				<p><small>Digitally signed by Rebecca Knighten DN: cn=Rebecca Knighten, email=rebeccaknighten@star.brcoxmail.com, O=star tel co, = , Date: 5/19/2015</small></p> <p>Date: 5/19/2015</p>	
<p>Printed name of Authorized Officer: Rebecca Knighten</p>					
<p>Title or position of Authorized Officer: Controller</p>					
<p>Telephone number of Authorized Officer: 225-926-0191</p>					
<p>Study Area Code of Reporting Carrier</p>	270441		<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 THE REPORTING CARRIER,

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



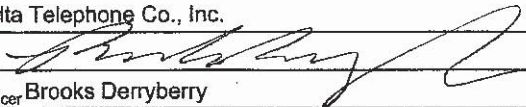
TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DECATUR TEL CO -MS</p>					
<p>Signature of Authorized Officer: Esther Smith</p>				<p>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</p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer: Esther Smith</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 601-635-2251</p>					
Study Area Code of Reporting Carrier	280451		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Delta Telephone Co., Inc.</u>			
Signature of Authorized Officer 		Date <u>5/15/2015</u>	
Printed name of Authorized Officer <u>Brooks Derryberry</u>			
Title or position of Authorized Officer <u>Vice President/General Manager</u>			
Telephone number of Authorized Officer: <u>(601) 355-1522</u> ext. _____			
Study Area Code of Reporting Carrier	<u>280452</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.			

Carrier Cert

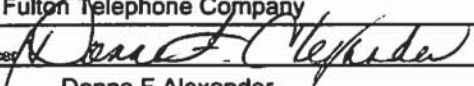
TO BE COMPLETED BY THE REPORTING CARRIER,



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

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GEORGETOWN TEL CO					
Signature of Authorized Officer: Joie Miller				<small>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</small> Date: 5/15/2015	
Printed name of Authorized Officer: Joie Miller					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 601-858-2211					
Study Area Code of Reporting Carrier	280456		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LAKESIDE TEL. CO.					
Signature of Authorized Officer: Robert Sledge Jr.				Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,l=Sunflower MS 38778, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Robert Sledge Jr.					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 662-569-3311					
Study Area Code of Reporting Carrier	280457		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NOXAPATER TEL CO</p>					
<p>Signature of Authorized Officer: John Pearce</p>				<p>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</p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer: John Pearce</p>					
<p>Title or position of Authorized Officer: President/CEO</p>					
<p>Telephone number of Authorized Officer: 601-764-3171</p>					
<p>Study Area Code of Reporting Carrier</p>	280461		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Mound Bayou Telephone & Communications, Inc.			
Signature of Authorized Officer <i>Donna F. Alexander</i>			Date 05/20/2015
Printed name of Authorized Officer Donna F Alexander			
Title or position of Authorized Officer Executive Vice President			
Telephone number of Authorized Officer: (601) 764-3463 ext.			
Study Area Code of Reporting Carrier	280462	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SLEDGE TEL CO					
Signature of Authorized Officer: Robert Sledge Jr.				<small>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</small> Date: 5/18/2015	
Printed name of Authorized Officer: Robert Sledge Jr.					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 662-569-3311					
Study Area Code of Reporting Carrier	280466		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SMITHVILLE TEL CO</p>					
<p>Signature of Authorized Officer: Roger Thompson</p>				<p><small>Digitally signed by Roger Thompson DN:cn=Roger Thompson,email=robert@traceroad.net,O=smithville tel co,l=Smithville MS 38870, Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Roger Thompson</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 662-651-4131</p>					
<p>Study Area Code of Reporting Carrier</p>	280467		<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 THE REPORTING CARRIER,

<p>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</p>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier Ardmore Telephone Company, Inc.</p>			
<p>Signature of Authorized Officer </p>			<p>Date 05/25/2015</p>
<p>Printed name of Authorized Officer Todd Crandall</p>			
<p>Title or position of Authorized Officer Chief Financial Officer</p>			
<p>Telephone number of Authorized Officer: (270) 856-9983 ext. _____</p>			
<p>Study Area Code of Reporting Carrier</p>	<p>290280</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 THE REPORTING CARRIER,

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



TO BE COMPLETED BY THE REPORTING CARRIER,

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

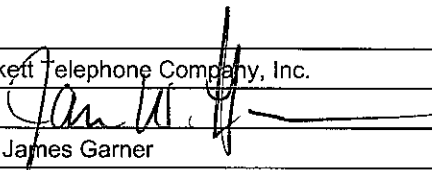
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		Bledsoe Telephone Cooperative Corporation, Inc.	
Signature of Authorized Officer		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.		Filing Due Date for this form (mm/dd/yyyy) Sept 2015	
Study Area Code of Reporting Carrier		290554	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Crockett Telephone Company, Inc.			
Signature of Authorized Officer <i>James W. Garner</i>			Date 05/19/2015
Printed name of Authorized Officer James Garner			
Title or position of Authorized Officer Vice President of Operations			
Telephone number of Authorized Officer: (601) 354-9070 ext.			
Study Area Code of Reporting Carrier	290561	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

Carrier Cert

Transmittal No. 1455 - Amended 9/16/2015

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Highland Telephone Cooperataive, Inc.			
Signature of Authorized Officer 			Date 5/19/2015
Printed name of Authorized Officer G. Mark Patterson			
Title or position of Authorized Officer Chief Executive Officer - General Manager			
Telephone number of Authorized Officer: (423) 628-2121 ext.			
Study Area Code of Reporting Carrier	290565	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

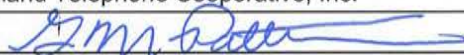
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LORETTO TEL CO</p>					
<p>Signature of Authorized Officer: Desda Hutchins</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: Desda Hutchins</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 931-853-4351</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>290570</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <i>Loretto Telephone Company, Inc.</i>			
Signature of Authorized Officer <i>Desda K. Hutchins</i>			Date <i>09/10/15</i>
Printed name of Authorized Officer <i>Desda K. Hutchins</i>			
Title or position of Authorized Officer <i>Chief Financial Officer</i>			
Telephone number of Authorized Officer: <i>831-853-4351</i> ext.			
Study Area Code of Reporting Carrier	<i>290570</i>	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NORTH CENTRAL COOP</p>					
<p>Signature of Authorized Officer: Johnny McClanahan</p>				<p><small>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</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Johnny McClanahan</p>					
<p>Title or position of Authorized Officer: VP Finance and Adm. Services</p>					
<p>Telephone number of Authorized Officer: 615-666-2151</p>					
<p>Study Area Code of Reporting Carrier</p>	290573		<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 THE REPORTING CARRIER,

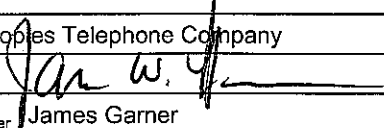
Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name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



TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TWIN LAKES TEL COOP</p>					
<p>Signature of Authorized Officer: Jonathan West</p>				<p><small>Digitally signed by Jonathan West DN:cn=Jonathan West,email=jwest@twlakes.coop,O=twin lakes tel coop,l=Gainesboro TN 38562, Date:5/15/2015</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Jonathan West</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 931-268-2151</p>					
<p>Study Area Code of Reporting Carrier</p>	290579		<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 THE REPORTING CARRIER.

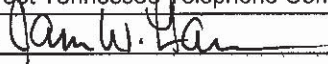
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: UTC-TN-UNITED COMM</p>					
<p>Signature of Authorized Officer: Tommy Welch</p>				<p><small>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</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer: Tommy Welch</p>					
<p>Title or position of Authorized Officer: Finance and Administration Manager</p>					
<p>Telephone number of Authorized Officer: 931-364-4324</p>					
<p>Study Area Code of Reporting Carrier</p>	290581		<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 THE REPORTING CARRIER,



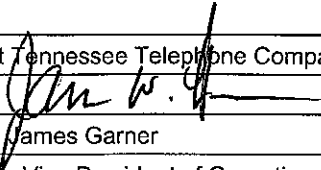
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier West 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 ext.			
Study Area Code of Reporting Carrier	290583	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 THE REPORTING CARRIER,

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: THE ARTHUR MUTUAL</p>					
<p>Signature of Authorized Officer: Eric Roughton</p>				<p>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual, Date: 5/16/2015</p>	
<p>Date: 5/16/2015</p>					
<p>Printed name of Authorized Officer: Eric Roughton</p>					
<p>Title or position of Authorized Officer: General Manager/Sec'y/Treasurer</p>					
<p>Telephone number of Authorized Officer: 419-393-2233</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>300586</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: AYERSVILLE TEL CO</p>					
<p>Signature of Authorized Officer: Phil Maag</p>				<p><small>Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel co, Inc., Date: 5/19/2015</small></p> <p>Date: 5/19/2015</p>	
<p>Printed name of Authorized Officer: Phil Maag</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 419-395-2222</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>300588</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BASCOM MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer: Kathy Reinhart</p>				<p><small>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</small></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer: Kathy Reinhart</p>					
<p>Title or position of Authorized Officer: Assistant General Manager</p>					
<p>Telephone number of Authorized Officer: 419-937-2222</p>					
<p>Study Area Code of Reporting Carrier</p>	300589		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BENTON RIDGE TEL CO</p>					
<p>Signature of Authorized Officer: Mark Miller</p>				<p><small>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</small></p> <p>Date: 5/19/2015</p>	
<p>Printed name of Authorized Officer: Mark Miller</p>					
<p>Title or position of Authorized Officer: CFO/VP/Treasurer</p>					
<p>Telephone number of Authorized Officer: 419-859-2144</p>					
<p>Study Area Code of Reporting Carrier</p>	300590		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Buckland Telephone Company			
Signature of Authorized Officer <i>Douglas G. Place</i>			Date 5/26/15
Printed name of Authorized Officer Douglas G. Place			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (419) 657-2222 ext.			
Study Area Code of Reporting Carrier	300591	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: THE CHAMPAIGN TEL CO</p>					
<p>Signature of Authorized Officer: Tiffany Ebersold</p>				<p><small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co,lc= , Date:5/19/2015</small></p>	
<p>Date: 5/19/2015</p>					
<p>Printed name of Authorized Officer: Tiffany Ebersold</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MCCLURE TEL CO					
Signature of Authorized Officer: 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: Lance Miller					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 419-748-8032					
Study Area Code of Reporting Carrier	300598		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CONNEAUT TEL CO</p>					
<p>Signature of Authorized Officer: Deanna Brown</p>				<p><small>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</small></p> <p>Date: 5/27/2015</p>	
<p>Printed name of Authorized Officer: Deanna Brown</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 440-593-7138</p>					
<p>Study Area Code of Reporting Carrier</p>	300606		<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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Doylestown Telephone Co.		
Signature of Authorized Officer		Date	5/20/15
Printed name of Authorized Officer	Thomas J. Brockman		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer:	(330) 658-2121 ext.		
Study Area Code of Reporting Carrier	300609	Filing Due Date for this form (mm/dd/yyyy)	5/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS MUTUAL TEL					
Signature of Authorized Officer: Cheryl Bostelman				<small>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</small> Date: 5/20/2015	
Printed name of Authorized Officer: Cheryl Bostelman					
Title or position of Authorized Officer: Secretary/General Manager					
Telephone number of Authorized Officer: 419-758-3322					
Study Area Code of Reporting Carrier	300612		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FORT JENNINGS TEL CO</p>					
<p>Signature of Authorized Officer: Michael Metzger</p>				<p>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</p>	
<p>Date: 5/26/2015</p>					
<p>Printed name of Authorized Officer: Michael Metzger</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 419-286-2181</p>					
<p>Study Area Code of Reporting Carrier</p>	300614		<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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Glandorf Telephone Company, Inc.	
Signature of Authorized Officer			Date 5-21-15		
Printed name of Authorized Officer			Linda Heckman		
Title or position of Authorized Officer			V. PRESIDENT		
Telephone number of Authorized Officer: (419) 638-6987 ext.					
Study Area Code of Reporting Carrier		300619		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: KALIDA TEL CO					
Signature of Authorized Officer: Chris Phillips				<small>Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel co,l=Kalida OH 45853, Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer: Chris Phillips					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 419-532-3218					
Study Area Code of Reporting Carrier	300625		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MIDDLE POINT HOME</p>					
<p>Signature of Authorized Officer: Bruce Hanson</p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home,lc=US, Date:5/21/2015</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer: Bruce Hanson</p>					
<p>Title or position of Authorized Officer: Treasurer</p>					
<p>Telephone number of Authorized Officer: 320-847-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	300633		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MINFORD TEL CO</p>					
<p>Signature of Authorized Officer: Paula McGraw</p>				<p>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</p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer: Paula McGraw</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 740-820-2151</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>300634</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: THE NEW KNOXVILLE</p>					
<p>Signature of Authorized Officer: Preston Meyer</p>				<p><small>Digitally signed by Preston Meyer DN:cn=Preston Meyer,email=preston@nktelco.net,O=the new knoxville, =New Knoxville OH 45871-0219, Date:5/22/2015</small></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer: Preston Meyer</p>					
<p>Title or position of Authorized Officer: Sales Manager/Chief Operating Officer</p>					
<p>Telephone number of Authorized Officer: 419-753-2457</p>					
<p>Study Area Code of Reporting Carrier</p>	300639		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THE NOVA TEL CO					
Signature of Authorized Officer: Charles Mattingly				<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> Date: 5/26/2015	
Printed name of Authorized Officer: Charles Mattingly					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 903-452-3258					
Study Area Code of Reporting Carrier	300644		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

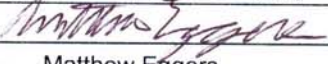
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: OTTOVILLE MUTUAL</p>					
<p>Signature of Authorized Officer: William Honigford</p>				<p><small>Digitally signed by William Honigford DN:cn=William Honigford,email=tomtc@bright.net,O=ottoville mutual,l=Ottoville OH 45876-0427, Date:5/20/2015</small></p> <p>Date: 5/20/2015</p>	
<p>Printed name of Authorized Officer: William Honigford</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 419-453-3324</p>					
<p>Study Area Code of Reporting Carrier</p>	300650		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PATTERSONVILLE TEL</p>					
<p>Signature of Authorized Officer: Aaron Jones</p>				<p><small>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</small></p>	
<p>Date: 5/26/2015</p>					
<p>Printed name of Authorized Officer: Aaron Jones</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 330-895-4391</p>					
<p>Study Area Code of Reporting Carrier</p>	300651		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Ridgeville Telephone Company				
Signature of Authorized Officer 				Date 5/21/2015
Printed name of Authorized Officer Matthew Eggers				
Title or position of Authorized Officer President, Board of Directors				
Telephone number of Authorized Officer: (419) 267-5185 ext.				
Study Area Code of Reporting Carrier	300654	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SHERWOOD MUTUAL TEL</p>					
<p>Signature of Authorized Officer: Lynn Bergman</p>				<p>Digitally signed by Lynn Bergman DN:cn=Lynn Bergman,email=lynnbergman@smta.cc,O=sherwood mutual tel,l=Sherwood OH 43556, Date:5/20/2015</p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer: Lynn Bergman</p>					
<p>Title or position of Authorized Officer: Manager</p>					
<p>Telephone number of Authorized Officer: 419-899-2121</p>					
Study Area Code of Reporting Carrier	300656		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SYCAMORE TEL CO</p>					
<p>Signature of Authorized Officer: Steven Ekleberry</p>				<p>Digitally signed by Steven Ekleberry DN:cn=Steven Ekleberry,email=steve.ekleberry@sycltelco.com,O=sycamore tel co, Date:5/21/2015</p>	
<p>Date: 5/21/2015</p>					
<p>Printed name of Authorized Officer: Steven Ekleberry</p>					
<p>Title or position of Authorized Officer: General Manager/Treasurer</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TELEPHONE SERVICE					
Signature of Authorized Officer: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,lc=US, Date:5/21/2015</small> Date: 5/21/2015	
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: VAUGHNSVILLE TEL CO</p>					
<p>Signature of Authorized Officer: 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: Martha Kaplan</p>					
<p>Title or position of Authorized Officer: Manager/Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 419-646-3431</p>					
<p>Study Area Code of Reporting Carrier</p>	300663		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WABASH MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer: Mike Boley</p>				<p>Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel co,l= , Date:5/18/2015</p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer: Mike Boley</p>					
<p>Title or position of Authorized Officer: President/CEO</p>					
<p>Telephone number of Authorized Officer: 419-942-1111</p>					
Study Area Code of Reporting Carrier	300664		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ALLBAND COMM COOP</p>					
<p>Signature of Authorized Officer: Ron Siegel</p>				<p><small>Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop, Date:5/22/2015</small></p>	
<p>Date: 5/22/2015</p>					
<p>Printed name of Authorized Officer: Ron Siegel</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 989-369-9999</p>					
<p>Study Area Code of Reporting Carrier</p>	310542		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ACE-MI ALLENDALE</p>					
<p>Signature of Authorized Officer: 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: Todd Roesler</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 507-896-6292</p>					
<p>Study Area Code of Reporting Carrier</p>	310669		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Baraga Telephone Company, Inc.</u>			
Signature of Authorized Officer 			Date <u>5/26/2015</u>
Printed name of Authorized Officer <u>Paul W. Stark</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>(906) 353-6644</u> ext. <u>40</u>			
Study Area Code of Reporting Carrier	<u>310675</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BARRY COUNTY TEL CO</p>					
<p>Signature of Authorized Officer: David Stoll</p>				<p><small>Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel co,l=Delton MI 49046, Date:5/22/2015</small></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer: David Stoll</p>					
<p>Title or position of Authorized Officer: GM/CEO</p>					
<p>Telephone number of Authorized Officer: 269-623-9971</p>					
<p>Study Area Code of Reporting Carrier</p>	310676		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BLANCHARD TEL. CO.</p>					
<p>Signature of Authorized Officer: Duane Bronson</p>				<p><small>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</small></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer: Duane Bronson</p>					
<p>Title or position of Authorized Officer: VP / General Manager</p>					
<p>Telephone number of Authorized Officer: 989-561-9930</p>					
<p>Study Area Code of Reporting Carrier</p>	310678		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BLOOMINGDALE TEL CO					
Signature of Authorized Officer: Steve Shults				Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomingdale tel co, Date:5/26/2015	
Date: 5/26/2015					
Printed name of Authorized Officer: Steve Shults					
Title or position of Authorized Officer: Assistant Treasurer					
Telephone number of Authorized Officer: 269-521-7313					
Study Area Code of Reporting Carrier	310679		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier					Carr Telephone Company						
Signature of Authorized Officer				<i>Teresa Bogner</i>				Date		05/18/2015	
Printed name of Authorized Officer				Teresa Bogner							
Title or position of Authorized Officer				Secretary							
Telephone number of Authorized Officer:				(231) 898-2244, ext.							
Study Area Code of Reporting Carrier				310683		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015			
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>											

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CLIMAX TEL CO</p>					
<p>Signature of Authorized Officer: Kevin Doyle</p>				<p><small>Digitally signed by Kevin Doyle DN:cn=Kevin Doyle,email=kdoyle@ctstelecom.com,O=climax tel co,l= , Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer: Kevin Doyle</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DEERFIELD FARMERS</p>					
<p>Signature of Authorized Officer: David LaRocca</p>				<p><small>Digitally signed by David LaRocca DN:cn=David LaRocca,email=dave@cass.net,O=deerfield farmers,lc= , Date:5/20/2015</small></p> <p>Date: 5/20/2015</p>	
<p>Printed name of Authorized Officer: David LaRocca</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 734-279-1339</p>					
<p>Study Area Code of Reporting Carrier</p>	310691		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ACE-MI DRENTHE</p>					
<p>Signature of Authorized Officer: Todd Roesler</p>				<p><small>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</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer: Todd Roesler</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 507-896-6292</p>					
<p>Study Area Code of Reporting Carrier</p>	310692		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Farmers Mutual dba Chapin Telephone Company				
Signature of Authorized Officer <i>Laurie S. Ringle</i>			Date 5/20/15	
Printed name of Authorized Officer Laurie S. Ringle				
Title or position of Authorized Officer Treasurer				
Telephone number of Authorized Officer (989) 661-2476 ext				
Study Area Code of Reporting Carrier 310694		Filing Due Date for this form (mm/dd/yyyy) 6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier KALEVA TELEPHONE COMPANY			
Signature of Authorized Officer <i>Jack C. Schaefer</i>		Date 05/26/2015	
Printed name of Authorized Officer JACK C. SCHAEFER			
Title or position of Authorized Officer CONTROLER			
Telephone number of Authorized Officer: (231) 362-3111 ext.			
Study Area Code of Reporting Carrier	310703	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ACE TEL OF MICHIGAN</p>					
<p>Signature of Authorized Officer: Todd Roesler</p>				<p><small>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</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer: Todd Roesler</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 507-896-6292</p>					
<p>Study Area Code of Reporting Carrier</p>	310704		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Lennon Telephone Company				
Signature of Authorized Officer <i>Jacqueline Bowden</i>				Date 5/18/2015
Printed name of Authorized Officer Jacqueline Bowden				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (810) 621-3301 ext.				
Study Area Code of Reporting Carrier	310708	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MIDWAY TEL CO					
Signature of Authorized Officer: Camie Nebel-Conklin				<small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel co,l= , Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer: Camie Nebel-Conklin					
Title or position of Authorized Officer: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer: 906-387-9911					
Study Area Code of Reporting Carrier	310711		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HIAWATHA TEL CO</p>					
<p>Signature of Authorized Officer: Camie Nebel-Conklin</p>				<p>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha tel co,l= , Date:5/20/2015</p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer: Camie Nebel-Conklin</p>					
<p>Title or position of Authorized Officer: Vice President/Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 906-387-9911</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>310713</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: OGDEN TEL CO					
Signature of Authorized Officer: Linda Corie				<small>Digitally signed by Linda Corie DN:cn=Linda Corie,email=corie@ogdentel.com,O=ogden tel co,l= , Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer: Linda Corie					
Title or position of Authorized Officer: Secretary-Treasurer					
Telephone number of Authorized Officer: 517-443-5595					
Study Area Code of Reporting Carrier	310714		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ONTONAGON COUNTY TEL</p>					
<p>Signature of Authorized Officer: Camie Nebel-Conklin</p>				<p>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel, Date:5/20/2015</p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer: Camie Nebel-Conklin</p>					
<p>Title or position of Authorized Officer: Vice President/Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 906-387-9911</p>					
Study Area Code of Reporting Carrier	310717		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PIGEON TEL CO</p>					
<p>Signature of Authorized Officer: Neal Eichler</p>				<p>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</p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer: Neal Eichler</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 989-453-4391</p>					
<p>Study Area Code of Reporting Carrier</p>	310721		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SAND CREEK TEL CO</p>					
<p>Signature of Authorized Officer: Harvey Souders</p>				<p><small>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</small></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer: Harvey Souders</p>					
<p>Title or position of Authorized Officer: Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer: 517-436-3130</p>					
<p>Study Area Code of Reporting Carrier</p>	310725		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SPRINGPORT TEL CO</p>					
<p>Signature of Authorized Officer: 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: Mark Cutler</p>					
<p>Title or position of Authorized Officer: Accountant</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: UPPER PENINSULA TEL</p>					
<p>Signature of Authorized Officer: David Hoover</p>				<p><small>Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=upper peninsula tel, Date:5/20/2015</small></p> <p>Date: 5/20/2015</p>	
<p>Printed name of Authorized Officer: David Hoover</p>					
<p>Title or position of Authorized Officer: President and General Manager</p>					
<p>Telephone number of Authorized Officer: 906-639-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	310732		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WALDRON TEL CO</p>					
<p>Signature of Authorized Officer: Lucinda Bernath</p>				<p>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</p>	
<p>Date: 5/26/2015</p>					
<p>Printed name of Authorized Officer: Lucinda Bernath</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 517-286-6211</p>					
Study Area Code of Reporting Carrier	310734		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WESTPHALIA TEL CO					
Signature of Authorized Officer: David Fox				<small>Digitally signed by David Fox DN:cn=David Fox,email=dfox@comlink.net,O=westphalia tel co,l= , Date:5/21/2015</small> Date: 5/21/2015	
Printed name of Authorized Officer: David Fox					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 517-679-7507					
Study Area Code of Reporting Carrier	310735		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Winn Telephone Company				
Signature of Authorized Officer <i>Kevin Fryover</i>				Date 5/27/15
Printed name of Authorized Officer Kevin Fryover				
Title or position of Authorized Officer Manger				
Telephone number of Authorized Officer: (248) 928-4191 ext.				
Study Area Code of Reporting Carrier	310737	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ACE-MI OLD MISSION					
Signature of Authorized Officer: Todd Roesler				<small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi old mission,l=Houston MN 55943-0360, Date:5/21/2015</small> Date: 5/21/2015	
Printed name of Authorized Officer: Todd Roesler					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 507-896-6292					
Study Area Code of Reporting Carrier	310777		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MCBC</p>					
<p>Signature of Authorized Officer: David Hoover</p>				<p><small>Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=mcbc,l=, Date:5/20/2015</small></p> <p>Date: 5/20/2015</p>	
<p>Printed name of Authorized Officer: David Hoover</p>					
<p>Title or position of Authorized Officer: President and General Manager</p>					
<p>Telephone number of Authorized Officer: 877-216-0502</p>					
<p>Study Area Code of Reporting Carrier</p>	310785		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BLOOMINGDALE HOME</p>					
<p>Signature of Authorized Officer: Ronja Branson</p>				<p><small>Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingdaletel.com,O=bloomingdale home,l=Bloomington IN 47832, Date:5/20/2015</small></p> <p>Date: 5/20/2015</p>	
<p>Printed name of Authorized Officer: Ronja Branson</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 765-498-2000</p>					
<p>Study Area Code of Reporting Carrier</p>	320742		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CITIZENS TEL CORP					
Signature of Authorized Officer: Joan Paxson				<small>Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citiznet.com,O=citizens tel corp,l=Warren IN 46792, Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer: Joan Paxson					
Title or position of Authorized Officer: Secretary, Office Manager					
Telephone number of Authorized Officer: 260-375-2111					
Study Area Code of Reporting Carrier	320751		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CLAY DBA ENDEAVOR</p>					
<p>Signature of Authorized Officer: 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: Ralph Cunha</p>					
<p>Title or position of Authorized Officer: President and CEO</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CRAIGVILLE TEL CO</p>					
<p>Signature of Authorized Officer: Lee Von Gunten</p>				<p><small>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</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Lee Von Gunten</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 260-565-3131</p>					
<p>Study Area Code of Reporting Carrier</p>	320756		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DAVIESS-MARTIN/RTC</p>					
<p>Signature of Authorized Officer: Stephen Bartlett</p>				<p><small>Digitally signed by Stephen Bartlett DN:cn=Stephen Bartlett,email=sbartlett@rtccom.com,O=daviess-martin/rtc, =Montgomery IN 47558, Date:5/15/2015</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Stephen Bartlett</p>					
<p>Title or position of Authorized Officer: EVP</p>					
<p>Telephone number of Authorized Officer: 812-486-3211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>320759</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GEETINGSVILLE TEL CO</p>					
<p>Signature of Authorized Officer: Steve Scott</p>				<p><small>Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co,l=, Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Steve Scott</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 765-258-3111</p>					
<p>Study Area Code of Reporting Carrier</p>	320771		<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 THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LIGONIER TEL CO</p>					
<p>Signature of Authorized Officer: Donald Johnson</p>				<p><small>Digitally signed by Donald Johnson DN:cn=Donald Johnson,email=djohnson@ligtel.net,O=ligonier tel co,lc= , Date:5/21/2015</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer: Donald Johnson</p>					
<p>Title or position of Authorized Officer: General Manager/Vice President</p>					
<p>Telephone number of Authorized Officer: 260-894-7161</p>					
<p>Study Area Code of Reporting Carrier</p>	320783		<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>					

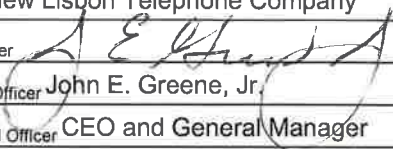
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MONON TEL CO</p>					
<p>Signature of Authorized Officer: Bruce Hanway</p>				<p><small>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</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Bruce Hanway</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 219-253-6601</p>					
<p>Study Area Code of Reporting Carrier</p>	320790		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MULBERRY COOP TEL CO					
Signature of Authorized Officer: Randy Maish				Digitally signed by Randy Maish DN:cn=Randy Maish,email=randy@mintel.net,O=mulberry coop tel co,l=Mulberry IN 46058-0370, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Randy Maish					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 765-296-2885					
Study Area Code of Reporting Carrier	320792		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier New Lisbon Telephone Company				
Signature of Authorized Officer 				Date May 26, 2015
Printed name of Authorized Officer John E. Greene, Jr.				
Title or position of Authorized Officer CEO and General Manager				
Telephone number of Authorized Officer: (765) 591-6433 ext. _____				
Study Area Code of Reporting Carrier	320796	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

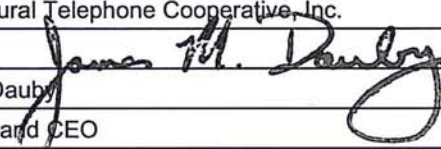
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NEW PARIS TEL INC</p>					
<p>Signature of Authorized Officer: Paul Penrose</p>				<p>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</p>	
<p>Date: 5/26/2015</p>					
<p>Printed name of Authorized Officer: Paul Penrose</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 574-831-7115</p>					
Study Area Code of Reporting Carrier	320797		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Northwestern Indiana Telephone Company Inc			
Signature of Authorized Officer 			Date 5/26/2015
Printed name of Authorized Officer Thomas C Long			
Title or position of Authorized Officer COO			
Telephone number of Authorized Officer: (219) 996-2981 ext.			
Study Area Code of Reporting Carrier	320800	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Perry-Spencer Rural Telephone Cooperative, Inc.</u>			
Signature of Authorized Officer <u>X</u> 		Date <u>05/27/2015</u>	
Printed name of Authorized Officer <u>James M. Dauby</u>			
Title or position of Authorized Officer <u>President and CEO</u>			
Telephone number of Authorized Officer: <u>(812) 357-2123</u> ext. _____			
Study Area Code of Reporting Carrier	<u>320807</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PULASKI-WHITE RURAL					
Signature of Authorized Officer: Mark Dickerson				<small>Digitally signed by Mark Dickerson DN:cn=Mark Dickerson,email=mdickerson@pwrtc.net,O=pulaski-white rural,l=Buffalo IN 47925, Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer: Mark Dickerson					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 574-278-7121					
Study Area Code of Reporting Carrier	320813		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.


Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ROCHESTER TEL CO</p>					
<p>Signature of Authorized Officer: Greta Lynch</p>				<p><small>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</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Greta Lynch</p>					
<p>Title or position of Authorized Officer: VP-Finance</p>					
<p>Telephone number of Authorized Officer: 574-223-0238</p>					
<p>Study Area Code of Reporting Carrier</p>	320815		<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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **SEI Rural Telephone Cooperative, Inc**

Signature of Authorized Officer  Date **5/21/2015**

Printed name of Authorized Officer **Michael Leach**

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

Telephone number of Authorized Officer: **(812) 667-5100** ext.

Study Area Code of Reporting Carrier	320819	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SUNMAN TELECOMM CORP					
Signature of Authorized Officer: Michael Alig				<small>Digitally signed by Michael Alig DN:cn=Michael Alig,email=malig@etc1.net,O=sunman telecomm corp,l=Sunman IN 47041, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Michael Alig					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 812-623-2122					
Study Area Code of Reporting Carrier	320825		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SWAYZEE TEL CO</p>					
<p>Signature of Authorized Officer: 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: Timothy Miles</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 765-922-7916</p>					
<p>Study Area Code of Reporting Carrier</p>	320826		<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>					

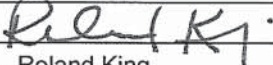
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SWEETSER RURAL TEL</p>					
<p>Signature of Authorized Officer: Scott Winger</p>				<p><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></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer: Scott Winger</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 765-384-4311</p>					
<p>Study Area Code of Reporting Carrier</p>	320827		<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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Washington County Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer					Date
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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: YEOMAN TEL CO, INC					
Signature of Authorized Officer: David Blacker				<small>Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytci.com,O=yeoman tel co, inc,lc=US, Date:5/21/2015</small> Date: 5/21/2015	
Printed name of Authorized Officer: David Blacker					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 574-965-2100					
Study Area Code of Reporting Carrier	320839		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

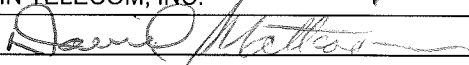
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: AMERY TELCOM, INC.					
Signature of Authorized Officer: Michael Jensen				<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: Michael Jensen					
Title or position of Authorized Officer: President & General Manager					
Telephone number of Authorized Officer: 715-268-7101					
Study Area Code of Reporting Carrier	330842		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: AMHERST TEL CO</p>					
<p>Signature of Authorized Officer: Carl Bohman</p>				<p><small>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</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Carl Bohman</p>					
<p>Title or position of Authorized Officer: President & General Manager</p>					
<p>Telephone number of Authorized Officer: 715-824-5529</p>					
<p>Study Area Code of Reporting Carrier</p>	330843		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier BALDWIN TELECOM, INC.			
Signature of Authorized Officer 			Date 05/21/2015
Printed name of Authorized Officer DAVID MATTISON			
Title or position of Authorized Officer PRESIDENT			
Telephone number of Authorized Officer: (715) 684-3346 ext.			
Study Area Code of Reporting Carrier	330846	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BELMONT TEL CO</p>					
<p>Signature of Authorized Officer: Deb Egli</p>				<p>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</p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer: Deb Egli</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 608-744-3500</p>					
Study Area Code of Reporting Carrier	330847		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BERGEN TEL CO					
Signature of Authorized Officer: Brad Ellefson				<small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel co,l=Sharon WI 53585, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Brad Ellefson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 262-736-9981					
Study Area Code of Reporting Carrier	330848		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BLOOMER TEL CO					
Signature of Authorized Officer: Jim Smart				<small>Digitally signed by Jim Smart DN:cn=Jim Smart,email=jrs@bloomer.net,O=bloomer tel co,l= , Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer: Jim Smart					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 715-568-4830					
Study Area Code of Reporting Carrier	330850		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BRUCE TEL CO, INC</p>					
<p>Signature of Authorized Officer: John Manosky</p>				<p><small>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel co, inc, Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer: John Manosky</p>					
<p>Title or position of Authorized Officer: President & General Manager</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CHEQUAMEGON COM COOP					
Signature of Authorized Officer: Ray Schindler				<small>Digitally signed by Ray Schindler DN: cn=Ray Schindler, email=rschindler@norvado.com, O=chequamegon com coop, c=US, Date: 5/22/2015</small> Date: 5/22/2015	
Printed name of Authorized Officer: Ray Schindler					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 715-798-3303					
Study Area Code of Reporting Carrier	330860		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CHIBARDUN TEL COOP					
Signature of Authorized Officer: N. Scott Behn				Digitally signed by N. Scott Behn DN:cn=N. Scott Behn,email=sbehn@mosaictelecom.com,O=chibardun tel coop,l=Cameron WI 54822-0664, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: N. Scott Behn					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 715-458-5400					
Study Area Code of Reporting Carrier	330861		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CITIZENS TEL COOP-WI					
Signature of Authorized Officer: Dennis Bachman				Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel coop-wi,l=New Auburn WI 54757-0127, Date:5/22/2015 Date: 5/22/2015	
Printed name of Authorized Officer: Dennis Bachman					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 715-237-2605					
Study Area Code of Reporting Carrier	330863		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CLEAR LAKE TEL CO-WI					
Signature of Authorized Officer: Tim Kusilek				<small>Digitally signed by Tim Kusilek DN:cn=Tim Kusilek, email=Tim.kusilek@nextgen-broadband.net, O=clear lake tel co-wi, j=Clear Lake WI 54005, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Tim Kusilek					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 715-263-2755					
Study Area Code of Reporting Carrier	330865		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: COCHRANE COOP TEL CO					
Signature of Authorized Officer: Gina Tomlinson				<small>Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mwt.net,O=cochrane coop tel co,l=Cochrane WI 54622-0189, Date:5/22/2015</small> Date: 5/22/2015	
Printed name of Authorized Officer: Gina Tomlinson					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 608-248-2323					
Study Area Code of Reporting Carrier	330866		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: COON VALLEY FARMERS</p>					
<p>Signature of Authorized Officer: 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: Carol Olson</p>					
<p>Title or position of Authorized Officer: Assistant Secretary Treasurer</p>					
<p>Telephone number of Authorized Officer: 608-452-3101</p>					
<p>Study Area Code of Reporting Carrier</p>	330868		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CUBA CITY EXCHANGE</p>					
<p>Signature of Authorized Officer: Deb Egli</p>				<p><small>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</small></p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer: Deb Egli</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 608-744-3500</p>					
<p>Study Area Code of Reporting Carrier</p>	330872		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS INDEPENDENT</p>					
<p>Signature of Authorized Officer: Mark Anderson</p>				<p>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</p>	
<p>Date: 5/15/2015</p>					
<p>Printed name of Authorized Officer: Mark Anderson</p>					
<p>Title or position of Authorized Officer: General Manager and Compliance Officer</p>					
<p>Telephone number of Authorized Officer: 715-463-5322</p>					
<p>Study Area Code of Reporting Carrier</p>	330879		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HILLSBORO TEL CO</p>					
<p>Signature of Authorized Officer: 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: Carla Shaker</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer/Office Mgr.</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Lakeside Telephone Company</u>			
Signature of Authorized Officer <u>Robert M. Wahl</u>			Date <u>5/18/2015</u>
Printed name of Authorized Officer <u>Robert Wahl</u>			
Title or position of Authorized Officer <u>Vice President</u>			
Telephone number of Authorized Officer: <u>920 677-7000</u> ext. _____			
Study Area Code of Reporting Carrier	<u>330896</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LA VALLE TEL COOP					
Signature of Authorized Officer: Gregory Rockweiler				Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=lrc@mwt.net,O=la valle tel coop,l=La Valle WI 53941, Date:5/26/2015	
Date: 5/26/2015					
Printed name of Authorized Officer: Gregory Rockweiler					
Title or position of Authorized Officer: Assistant Secretary					
Telephone number of Authorized Officer: 608-985-7201					
Study Area Code of Reporting Carrier	330899		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LEMONWEIR VALLEY TEL</p>					
<p>Signature of Authorized Officer: Donna Rezin</p>				<p>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</p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer: Donna Rezin</p>					
<p>Title or position of Authorized Officer: Treasurer</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LAKELAND-LUCK</p>					
<p>Signature of Authorized Officer: John Klatt</p>				<p><small>Digitally signed by John Klatt DN:cn=John Klatt,email=jkklatt@lakeland.ws,O=lakeland-luck,l=Milltown WI 54858, Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: John Klatt</p>					
<p>Title or position of Authorized Officer: President/CEO</p>					
<p>Telephone number of Authorized Officer: 715-825-2171</p>					
<p>Study Area Code of Reporting Carrier</p>	330902		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MANAWA TEL CO</p>					
<p>Signature of Authorized Officer: Thomas Squires</p>				<p><small>Digitally signed by Thomas Squires DN:cn=Thomas Squires,email=tsquires@wolfnet.net,O=manawa tel co,l=Manawa WI 54949, Date:5/15/2015</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Thomas Squires</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 920-596-1707</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330905</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MARQUETTE-ADAMS COOP					
Signature of Authorized Officer: Jerry Schneider				Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquett e-adams coop,l=Oxford WI 53952, Date:5/25/2015 Date: 5/25/2015	
Printed name of Authorized Officer: Jerry Schneider					
Title or position of Authorized Officer: CEO & General Manager					
Telephone number of Authorized Officer: 608-586-4111					
Study Area Code of Reporting Carrier	330908		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LAKELAND-MILLTOWN</p>					
<p>Signature of Authorized Officer: John Klatt</p>				<p><small>Digitally signed by John Klatt DN:cn=John Klatt,email=jkklatt@lakeland.ws,O=lakeland-milltown,I=Milltown WI 54858, Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: John Klatt</p>					
<p>Title or position of Authorized Officer: President/CEO</p>					
<p>Telephone number of Authorized Officer: 715-825-2171</p>					
<p>Study Area Code of Reporting Carrier</p>	330910		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NELSON COMM COOP</p>					
<p>Signature of Authorized Officer: Christy Berger</p>				<p><small>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</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Christy Berger</p>					
<p>Title or position of Authorized Officer: Executive Vice President</p>					
<p>Telephone number of Authorized Officer: 715-672-4204</p>					
<p>Study Area Code of Reporting Carrier</p>	330918		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Niagara Telephone Company</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 87 7000</u> ext.			
Study Area Code of Reporting Carrier	<u>330920</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Begland Telephone, LLC</u>				
Signature of Authorized Officer <u>Robert M. Webb</u>				Date <u>5/18/2015</u>
Printed name of Authorized Officer <u>Robert Webb</u>				
Title or position of Authorized Officer <u>Vice - President</u>				
Telephone number of Authorized Officer: <u>(920) 657-7000 ext.</u>				
Study Area Code of Reporting Carrier	<u>330925</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Indianhead Telephone Company			
Signature of Authorized Officer 			Date 5/26/2015
Printed name of Authorized Officer William Eckles			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (507) 526-3252 ext.			
Study Area Code of Reporting Carrier	330936	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PRICE COUNTY TEL CO</p>					
<p>Signature of Authorized Officer: Catherine Mess</p>				<p>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</p>	
<p>Date: 5/15/2015</p>					
<p>Printed name of Authorized Officer: Catherine Mess</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 715-339-2151</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>330937</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Northeast Telephone Company, 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. _____				
Study Area Code of Reporting Carrier	<u>330938</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: RICHLAND-GRANT COOP</p>					
<p>Signature of Authorized Officer: John Bartz</p>				<p>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</p>	
<p>Date: 5/27/2015</p>					
<p>Printed name of Authorized Officer: John Bartz</p>					
<p>Title or position of Authorized Officer: Company Officer</p>					
<p>Telephone number of Authorized Officer: 608-537-2461</p>					
<p>Study Area Code of Reporting Carrier</p>	330942		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SHARON TEL CO</p>					
<p>Signature of Authorized Officer: Brad Ellefson</p>				<p><small>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</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer: Brad Ellefson</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 262-736-9981</p>					
<p>Study Area Code of Reporting Carrier</p>	330946		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SIREN TEL CO, INC					
Signature of Authorized Officer: Sid Sherstad				<small>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</small> Date: 5/26/2015	
Printed name of Authorized Officer: Sid Sherstad					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 715-349-2224					
Study Area Code of Reporting Carrier	330949		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SOMERSET TEL CO					
Signature of Authorized Officer: Michael Jensen				<small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel co,l= , Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer: Michael Jensen					
Title or position of Authorized Officer: President & General Manager					
Telephone number of Authorized Officer: 715-268-7101					
Study Area Code of Reporting Carrier	330951		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SPRING VALLEY TEL CO</p>					
<p>Signature of Authorized Officer: Carol Anderson</p>				<p><small>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</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Carol Anderson</p>					
<p>Title or position of Authorized Officer: Assistant Manager/Assistant Secretary</p>					
<p>Telephone number of Authorized Officer: 715-778-4433</p>					
<p>Study Area Code of Reporting Carrier</p>	330953		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TRI-COUNTY COMM COOP</p>					
<p>Signature of Authorized Officer: 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: Cheryl Rue</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: UNION TEL CO					
Signature of Authorized Officer: Katherine Kehl				<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> Date: 5/15/2015	
Printed name of Authorized Officer: Katherine Kehl					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 715-335-6301					
Study Area Code of Reporting Carrier	330962		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: VERNON TEL COOP</p>					
<p>Signature of Authorized Officer: Rodney Olson</p>				<p><small>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</small></p>	
<p>Date: 5/15/2015</p>					
<p>Printed name of Authorized Officer: Rodney Olson</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 608-634-7421</p>					
<p>Study Area Code of Reporting Carrier</p>	330966		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: W. WISCONSIN TELCOM</p>					
<p>Signature of Authorized Officer: Mark Stenseth</p>				<p><small>Digitally signed by Mark Stenseth DN:cn=Mark Stenseth,email=stenseth@wwt.coop,O=w. wisconsin telecom,l=Downsville WI 54735, Date:5/21/2015</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer: Mark Stenseth</p>					
<p>Title or position of Authorized Officer: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer: 715-664-8311</p>					
<p>Study Area Code of Reporting Carrier</p>	330971		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WITTENBERG TEL CO					
Signature of Authorized Officer: Linda Garbelman				<small>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</small> Date: 5/15/2015	
Printed name of Authorized Officer: Linda Garbelman					
Title or position of Authorized Officer: CFO/Treasurer					
Telephone number of Authorized Officer: 715-253-2115					
Study Area Code of Reporting Carrier	330973		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WOOD COUNTY TEL CO</p>					
<p>Signature of Authorized Officer: Gregory Krings</p>				<p><small>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</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer: Gregory Krings</p>					
<p>Title or position of Authorized Officer: Director of Finance</p>					
<p>Telephone number of Authorized Officer: 715-421-8129</p>					
<p>Study Area Code of Reporting Carrier</p>	330974		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ADAMS TEL COOP</p>					
<p>Signature of Authorized Officer: James Broemmer Jr.</p>				<p><small>Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbroomer@adams.net,O=adams tel coop,lc=Golden IL 62339, Date:5/23/2015</small></p> <p>Date: 5/23/2015</p>	
<p>Printed name of Authorized Officer: James Broemmer Jr.</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 217-696-4411</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>340976</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ALHAMBRA-GRANTFORK</p>					
<p>Signature of Authorized Officer: Kevin Osterbur</p>				<p><small>Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra-grantfork,I=Alhambra IL 62001-0207, Date:5/22/2015</small></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer: Kevin Osterbur</p>					
<p>Title or position of Authorized Officer: Manager</p>					
<p>Telephone number of Authorized Officer: 618-488-2165</p>					
<p>Study Area Code of Reporting Carrier</p>	340978		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CAMBRIDGE TEL CO -IL</p>					
<p>Signature of Authorized Officer: Scott Rubins</p>				<p><small>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</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Scott Rubins</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 309-944-2103</p>					
<p>Study Area Code of Reporting Carrier</p>	340983		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CASS TEL CO</p>					
<p>Signature of Authorized Officer: Tom Allen</p>				<p><small>Digitally signed by Tom Allen DN:cn=Tom Allen,email=tomallen@casscomm.com,O=cass tel co,l=Virginia IL 62691, Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer: Tom Allen</p>					
<p>Title or position of Authorized Officer: Vice President/Chief Operating Officer</p>					
<p>Telephone number of Authorized Officer: 217-452-7800</p>					
<p>Study Area Code of Reporting Carrier</p>	340984		<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>					

05-21-15:10:51

:3149972561

APPENDIX D

5/ 5

EXHIBIT 3

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				CLARKSVILLE MUTUAL TELEPHONE CO.	
Signature of Authorized Officer			Patricia Rhoads		
Printed name of Authorized Officer			PATRICIA RHoads		
Title or position of Authorized Officer			SECRETARY - TREASURER		
Telephone number of Authorized Officer			217 889-3822		
Study Area Code of Reporting Carrier		340990	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Carrier Cont

Transmittal No. 1455

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Crossville Telephone Company, Inc.	
Signature of authorized officer				Date	5/20/2015
Printed name of authorized officer		Thomas D. Rawlinson			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(618) 966-2196			
Study Area Code of Reporting Carrier		340993	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Flat Rock Telephone Co-Op, Inc	
Signature of authorized officer			Date		06/11/15
Printed name of authorized officer			Kevin J Jacobsen		
Title or position of authorized officer			Executive Vice President		
Telephone number of authorized officer:			(618) 584-3211		
Study Area Code of Reporting Carrier		1012	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

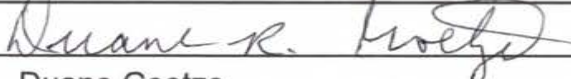
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GENESEO TEL CO</p>					
<p>Signature of Authorized Officer: 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: Scott Rubins</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Glasford Telephone Company**

Signature of Authorized Officer 

Date **5/20/2015**

Printed name of Authorized Officer **Duane Goetze**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(309) 389-2111**, ext. _____

Study Area Code of Reporting Carrier **341017**

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GRAFTON TEL CO</p>					
<p>Signature of Authorized Officer: Leigh Sickinger</p>				<p>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</p>	
<p>Date: 5/21/2015</p>					
<p>Printed name of Authorized Officer: Leigh Sickinger</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 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>					

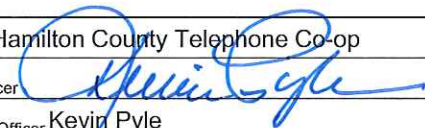
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GRANDVIEW MUTUAL TEL</p>					
<p>Signature of Authorized Officer: Angela Tate</p>				<p><small>Digitally signed by Angela Tate DN:cn=Angela Tate,email=gmtc@joink.com,O=grandview mutual tel,l= , Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Angela Tate</p>					
<p>Title or position of Authorized Officer: Treasurer</p>					
<p>Telephone number of Authorized Officer: 217-946-4101</p>					
<p>Study Area Code of Reporting Carrier</p>	341021		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GRIDLEY TEL CO					
Signature of Authorized Officer: Herb Flesher				Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel co,l=Gridley IL 61744-0129, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Herb Flesher					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 309-747-3780					
Study Area Code of Reporting Carrier	341023		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Hamilton County Telephone Co-op				
Signature of Authorized Officer 				Date 05/22/2015
Printed name of Authorized Officer Kevin Pyle				
Title or position of Authorized Officer GM/EVP				
Telephone number of Authorized Officer: (618) 736-2211, ext.				
Study Area Code of Reporting Carrier	341024	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Shawnee Telephone Company				
Signature of Authorized Officer 			Date 05/27/2015	
Printed name of Authorized Officer James M. Grisham				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (618) 276-4211, ext.				
Study Area Code of Reporting Carrier	341025		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HENRY COUNTY TEL CO</p>					
<p>Signature of Authorized Officer: Scott Rubins</p>				<p><small>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</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Scott Rubins</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 309-944-2103</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341029</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 THE REPORTING CARRIER,

NECA ID #10

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <u>Home Telephone Co.</u>			
Signature of Authorized Officer <u><i>Eric Schmidt</i></u>			Date <u>5/26/15</u>
Printed name of Authorized Officer <u>Eric Schmidt</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>(618) 644-2111</u> ext. _____			
Study Area Code of Reporting Carrier	<u>341032</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</u>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: KINSMAN MUTUAL TEL</p>					
<p>Signature of Authorized Officer: 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: Michelle Baudino</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LA HARPE TEL CO</p>					
<p>Signature of Authorized Officer: Todd Irish</p>				<p><small>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</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Todd Irish</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 217-659-7721</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341043</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LEAF RIVER TEL CO</p>					
<p>Signature of Authorized Officer: Aaron Palmer</p>				<p>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</p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer: Aaron Palmer</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 815-738-2216</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341045</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <i>Leonore Mutual Telephone Co., Inc</i>			
Signature of Authorized Officer <i>Donna Naas</i>			Date <i>5-27-15</i>
Printed name of Authorized Officer <i>Donna Naas</i>			
Title or position of Authorized Officer <i>Assistant Secretary</i>			
Telephone number of Authorized Officer: <i>(815) 856-3164 ext.</i>			
Study Area Code of Reporting Carrier	<i>341046</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2015</i>

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MCDONOUGH TEL COOP</p>					
<p>Signature of Authorized Officer: 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: Jay Griswold</p>					
<p>Title or position of Authorized Officer: Vice President of Finance</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **McNabb Telephone Company**

Signature of Authorized Officer

Jacquelyn Smith, Rec. Secretary

Date **5/20/2015**

Printed name of Authorized Officer

Jacquelyn Smith

Title or position of Authorized Officer

Recording Secretary

Telephone number of Authorized Officer: **(815) 882-2201**, ext. _____

Study Area Code of Reporting Carrier

341048

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MADISON TEL CO</p>					
<p>Signature of Authorized Officer: 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: Mary Schwartz</p>					
<p>Title or position of Authorized Officer: Controller</p>					
<p>Telephone number of Authorized Officer: 618-635-5000</p>					
<p>Study Area Code of Reporting Carrier</p>	341049		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MARSEILLES TEL CO</p>					
<p>Signature of Authorized Officer: Ann Dickerson</p>				<p><small>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</small></p> <p>Date: 5/27/2015</p>	
<p>Printed name of Authorized Officer: Ann Dickerson</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 309-367-4197</p>					
<p>Study Area Code of Reporting Carrier</p>	341050		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: METAMORA TEL CO</p>					
<p>Signature of Authorized Officer: Ann Dickerson</p>				<p><small>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=metamora tel co,l=Metamora IL 61548-0800, Date:5/27/2015</small></p> <p>Date: 5/27/2015</p>	
<p>Printed name of Authorized Officer: Ann Dickerson</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 309-367-4197</p>					
<p>Study Area Code of Reporting Carrier</p>	341053		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MIDCENTURY TEL CO-OP</p>					
<p>Signature of Authorized Officer: James Broemmer, Jr.</p>				<p>Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jbroemmer@adams.net,O=midcentury tel co-op,IL=Fairview IL 61432, Date:5/20/2015</p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer: James Broemmer, Jr.</p>					
<p>Title or position of Authorized Officer: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer: 309-778-8611</p>					
<p>Study Area Code of Reporting Carrier</p>	341054		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MONTROSE MUTUAL TEL</p>					
<p>Signature of Authorized Officer: 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: George Tays</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer/General Manager</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Moultrie Independent Telephone Company				
Signature of Authorized Officer 			Date 5/19/2015	
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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **New Windsor Telephone Company**

Signature of Authorized Officer *Richard W. Ristau*

Date **5/20/2015**

Printed name of Authorized Officer **Richard W. Ristau**

Title or position of Authorized Officer **Secretary**

Telephone number of Authorized Officer: **(309) 667-2712** ext.

Study Area Code of Reporting Carrier **341062**

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Oneida Telephone Exchange				
Signature of Authorized Officer <i>Gay Peterson</i>			Date May 19, 2015	
Printed name of Authorized Officer Gay 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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Reynolds Telephone Company		
Signature of Authorized Officer	<i>Grace Ochsner</i>	Date	05/20/2015
Printed name of Authorized Officer	Grace Ochsner		
Title or position of Authorized Officer	General Manager/Asst. Treasurer		
Telephone number of Authorized Officer:	309,372 4490		
Study Area Code of Reporting Carrier	341075	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TONICA TEL CO					
Signature of Authorized Officer: Lloyd Vogel				<small>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</small> Date: 5/19/2015	
Printed name of Authorized Officer: Lloyd Vogel					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 815-442-9901					
Study Area Code of Reporting Carrier	341086		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VIOLA HOME TEL CO					
Signature of Authorized Officer: Robert Millikan				Digitally signed by Robert Millikan DN:cn=Robert Millikan,email=wins2@vhtmail.net,O=viola home tel co,l=Viola IL 61486, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Robert Millikan					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 309-596-2109					
Study Area Code of Reporting Carrier	341087		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WABASH TEL COOP, INC</p>					
<p>Signature of Authorized Officer: Jeff Williams</p>				<p><small>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</small></p>	
<p>Date: 5/21/2015</p>					
<p>Printed name of Authorized Officer: Jeff Williams</p>					
<p>Title or position of Authorized Officer: General Manager/EVP</p>					
<p>Telephone number of Authorized Officer: 618-665-9925</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341088</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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Woodhull Telephone Company

Signature of Authorized Officer

Gerald Krueger

Date

5/19/15

Printed name of Authorized Officer

Gerald Krueger

Title or position of Authorized Officer

Vice-President

Telephone number of Authorized Officer:

(309) 334 2150

Study Area Code of Reporting Carrier

34-1091

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

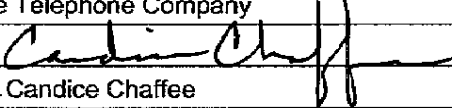
6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Stelle Telephone Company	
Signature of Authorized Officer					
			Date 5/26/2015		
Printed name of Authorized Officer				Candice Chaffee	
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer:				(815) 256-2345 ext.	
Study Area Code of Reporting Carrier		341092		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2015	

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Reasnor Telephone Company LLC**

Signature of Authorized Officer 

Date **05/28/2015**

Printed name of Authorized Officer **Michael Hatfield**

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

Telephone number of Authorized Officer: **(817) 838-1800**, ext.

Study Area Code of Reporting Carrier

350739

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ANDREW TEL CO INC</p>					
<p>Signature of Authorized Officer: JoAnne Gregorich</p>				<p>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</p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer: JoAnne Gregorich</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 563-773-2213</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351097</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ARCADIA TEL CO</p>					
<p>Signature of Authorized Officer: Sheila Griffin</p>				<p>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</p>	
<p>Date: 5/21/2015</p>					
<p>Printed name of Authorized Officer: Sheila Griffin</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 712-689-2238</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351098</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ATKINS TEL CO, INC					
Signature of Authorized Officer: Gerald Spaight				<small>Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel co, inc,lc=Atkins IA 52206, Date:5/22/2015</small> Date: 5/22/2015	
Printed name of Authorized Officer: Gerald Spaight					
Title or position of Authorized Officer: General Manager / Treasurer					
Telephone number of Authorized Officer: 319-446-7331					
Study Area Code of Reporting Carrier	351101		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: AYRSHIRE FARMERS MUT					
Signature of Authorized Officer: Donald Miller				Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=ayrshire farmers mut,l=Ayrshire IA 50515-0248, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Donald Miller					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 712-776-2222					
Study Area Code of Reporting Carrier	351105		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALPINE COMM.					
Signature of Authorized Officer: Chris Hopp				<small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine comm.,l=Elkader IA 52043, Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer: Chris Hopp					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 563-245-4480					
Study Area Code of Reporting Carrier	351106		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BALDWIN-NASHVILLE</p>					
<p>Signature of Authorized Officer: Brian Rickels</p>				<p>Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville,l=Bal dwin IA 52207-0050, Date:5/19/2015</p>	
<p>Date: 5/19/2015</p>					
<p>Printed name of Authorized Officer: Brian Rickels</p>					
<p>Title or position of Authorized Officer: Manager</p>					
<p>Telephone number of Authorized Officer: 563-673-6001</p>					
Study Area Code of Reporting Carrier	351107		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Barnes City Cooperative Telephone Company</u>			
Signature of Authorized Officer <u>Doris M. Freeborn</u>			Date <u>05/19/2015</u>
Printed name of Authorized Officer <u>Doris M. Freeborn</u>			
Title or position of Authorized Officer <u>Secretary / Treasurer</u>			
Telephone number of Authorized Officer: <u>641 644-5214 ext.</u>			
Study Area Code of Reporting Carrier	<u>35-1108</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

Post-it® Fax Note	7671	Date <u>05/19/2015</u>	# of pages <u>5</u>
To <u>CAF Certifications</u>		From <u>Doris M. Freeborn</u>	
Co./Dept. <u>NECA</u>		Co. <u>Barnes City Coop. Telephone</u>	
Phone # <u>800-228-0180</u>		Phone # <u>(641) 644-5214</u>	
Fax <u>800-367-5058</u>		Fax # <u>(641) 644-5200</u>	

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BERNARD TEL CO INC</p>					
<p>Signature of Authorized Officer: Kyle Manders</p>				<p><small>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</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Kyle Manders</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 563-879-3203</p>					
<p>Study Area Code of Reporting Carrier</p>	351110		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BRED TEL CORP.</p>					
<p>Signature of Authorized Officer: Jane Morlok</p>				<p><small>Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=bred tel corp.,l=Bred IA 51436-0190, Date:5/22/2015</small></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer: Jane Morlok</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 712-673-8101</p>					
<p>Study Area Code of Reporting Carrier</p>	351112		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		Brooklyn Mutual Telecommunications Cooperative	
Signature of Authorized Officer		Date 5/18/2015	
Printed name of Authorized Officer		Tim Atkinson	
Title or position of Authorized Officer		General Manager & Compliance Officer	
Telephone number of Authorized Officer:		(641) 522-9211 ext.	
Study Area Code of Reporting Carrier	351113	Filing Due Date for this form (mm/dd/yyyy)	5/18/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TITONKA-BURT (BURT)</p>					
<p>Signature of Authorized Officer: Vicky Nelson</p>				<p><small>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</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Vicky Nelson</p>					
<p>Title or position of Authorized Officer: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer: 515-928-2110</p>					
<p>Study Area Code of Reporting Carrier</p>	351114		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BUTLER-BREMER MUTUAL					
Signature of Authorized Officer: Richard McBurney				<small>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</small> Date: 5/22/2015	
Printed name of Authorized Officer: Richard McBurney					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 319-276-4458					
Study Area Code of Reporting Carrier	351115		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CASCADE COMM. CO.</p>					
<p>Signature of Authorized Officer: David Gibson</p>				<p><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></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: David Gibson</p>					
<p>Title or position of Authorized Officer: General Manager/Compliance Officer</p>					
<p>Telephone number of Authorized Officer: 563-852-3710</p>					
<p>Study Area Code of Reporting Carrier</p>	351118		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CASEY MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer: John Breining</p>				<p><small>Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel co,l=Casey IA 50048, Date:5/19/2015</small></p> <p>Date: 5/19/2015</p>	
<p>Printed name of Authorized Officer: John Breining</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 641-746-2222</p>					
<p>Study Area Code of Reporting Carrier</p>	351119		<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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Center Junction Telephone Company Inc

Signature of Authorized Officer



Date 05/18/2015

Printed name of Authorized Officer Russ Benke

Title or position of Authorized Officer Chief Operating Officer

Telephone number of Authorized Officer: (563) 487-2631 ext.

Study Area Code of Reporting Carrier

351121

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CENTRAL SCOTT TEL CO</p>					
<p>Signature of Authorized Officer: Kent Dau</p>				<p><small>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</small></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer: Kent Dau</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 563-285-9611</p>					
<p>Study Area Code of Reporting Carrier</p>	351125		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CITIZENS MUTUAL TEL					
Signature of Authorized Officer: Joe Snyder				<small>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</small> Date: 5/27/2015	
Printed name of Authorized Officer: Joe Snyder					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-664-2074					
Study Area Code of Reporting Carrier	351129		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

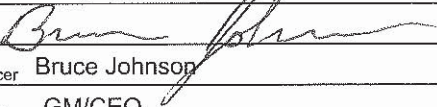
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CLARENCE TEL CO					
Signature of Authorized Officer: Curtis Eldred				<small>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=cpeldre@netins.net,O=clarence tel co,l=Clarence IA 52216, Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer: Curtis Eldred					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 563-452-3852					
Study Area Code of Reporting Carrier	351130		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CLEAR LAKE INDEPEND</p>					
<p>Signature of Authorized Officer: Thomas Lovell</p>				<p><small>Digitally signed by Thomas Lovell DN: cn=Thomas Lovell, email=tomlovell@cltel.com, O=clear lake independ, j=Clear Lake IA 50428-0066, Date: 5/16/2015</small></p> <p>Date: 5/16/2015</p>	
<p>Printed name of Authorized Officer: Thomas Lovell</p>					
<p>Title or position of Authorized Officer: General Manager/Vice President</p>					
<p>Telephone number of Authorized Officer: 641-357-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	351132		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier C-M-L Telephone Cooperative Association				
Signature of Authorized Officer 				Date 5/18/15
Printed name of Authorized Officer Bruce Johnson				
Title or position of Authorized Officer GM/CEO				
Telephone number of Authorized Officer: (712) 443-8222 ext.				
Study Area Code of Reporting Carrier	351133	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Colo Telephone Company				
Signature of Authorized Officer <i>Larry W. Springer</i>				Date 5 15 2015
Printed name of Authorized Officer Larry W. Springer				
Title or position of Authorized Officer General Manager & CEO				
Telephone number of Authorized Officer: (641) 377-2202 ext.				
Study Area Code of Reporting Carrier	351134	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

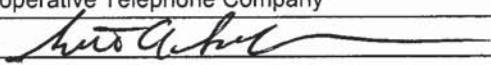
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Coon Creek Telephone Company				
Signature of Authorized Officer <i>Debra Lucht</i>			Date 5/15/2015	
Printed name of Authorized Officer Debra Lucht				
Title or position of Authorized Officer CEO				
Telephone number of Authorized Officer: (319) 454-6234 ext.				
Study Area Code of Reporting Carrier		351136	Filing Due Date for this form (mm/dd/yyyy)	5/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Coon Valley Coop Telephone</u>				
Signature of Authorized Officer <u>[Signature]</u>			Date <u>5-19-15</u>	
Printed name of Authorized Officer <u>Jim Nelson</u>				
Title or position of Authorized Officer <u>General Manager</u>				
Telephone number of Authorized Officer: () ext. <u>641-524-2111</u>				
Study Area Code of Reporting Carrier	<u>351137</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/15/2015</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

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


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CORN BELT TEL CO</p>					
<p>Signature of Authorized Officer: Larry Neppl</p>				<p>Digitally signed by Larry Neppl DN:cn=Larry Neppl,email=combelt@netins.net,O=corn belt tel co,l=Wall Lake IA 51466, Date:5/26/2015</p>	
<p>Date: 5/26/2015</p>					
<p>Printed name of Authorized Officer: Larry Neppl</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 712-664-2499</p>					
<p>Study Area Code of Reporting Carrier</p>	351141		<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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Cumberland Telephone Company	
Signature of Authorized Officer					
Date				05/26/2015	
Printed name of Authorized Officer				Ronald Benton	
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer:				(712) 774-2221 ext.	
Study Area Code of Reporting Carrier		351146		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2015	

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

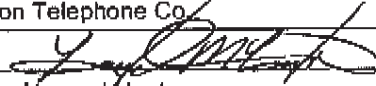
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DANVILLE MUTUAL TEL					
Signature of Authorized Officer: Timothy FencI				<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> Date: 5/20/2015	
Printed name of Authorized Officer: Timothy FencI					
Title or position of Authorized Officer: General Manager & CEO					
Telephone number of Authorized Officer: 319-392-4251					
Study Area Code of Reporting Carrier	351147		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS (DEFIANCE)</p>					
<p>Signature of Authorized Officer: Thomas Conry</p>				<p><small>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</small></p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer: Thomas Conry</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 712-744-3131</p>					
<p>Study Area Code of Reporting Carrier</p>	351149		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Dixon Telephone Co				
Signature of Authorized Officer 			Date 5/15/2015	
Printed name of Authorized Officer Howard Hunt				
Title or position of Authorized Officer Manager				
Telephone number of Authorized Officer (563) 843-2901 ext.				
Study Area Code of Reporting Carrier		351150	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DUMONT TEL CO					
Signature of Authorized Officer: Roger Kregel				Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@netins.net,O=dumont tel co,l=Dumont IA 50625-0349, Date:5/19/2015	
Date: 5/19/2015					
Printed name of Authorized Officer: Roger Kregel					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-857-3211					
Study Area Code of Reporting Carrier	351152		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Dunkerton Telephone Cooperative			
Signature of Authorized Officer 			Date 5-15-15
Printed name of Authorized Officer Sue Bruns			
Title or position of Authorized Officer CEO			
Telephone number of Authorized Officer: (319) 822-4512 ext.			
Study Area Code of Reporting Carrier 351153	Filing Due Date for this form (mm/dd/yyyy) 6/16/2015		
<p style="font-size: 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.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

Carrier Cert


Transmittal No. 1455

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Ellsworth Cooperative Telephone Association**

Signature of Authorized Officer  Date **5-19-2015**

Printed name of Authorized Officer **Kevin Bottorff**

Title or position of Authorized Officer **Secretary**

Telephone number of Authorized Officer: **(515) 836-4431**, ext.

Study Area Code of Reporting Carrier	351157	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

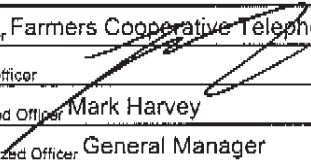
Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Minburn Telecommunications, Inc.				
Signature of Authorized Officer <i>Debra Lucht</i>			Date 5/15/2015	
Printed name of Authorized Officer Debra Lucht				
Title or position of Authorized Officer GM/Assist. Secretary				
Telephone number of Authorized Officer: (515) 438-2200 ext.				
Study Area Code of Reporting Carrier	351158	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier F&B Communications, Inc.			
Signature of Authorized Officer: <i>Brenda Kay</i>			Date 5/19/2015
Printed name of Authorized Officer Brenda Kay			
Title or position of Authorized Officer Secretary/Treasurer			
Telephone number of Authorized Officer: (563) 374-1236 Ext.			
Study Area Code of Reporting Carrier	351160	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<i>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</i>			
Name of Reporting Carrier Farmers Cooperative Telephone Company			
Signature of Authorized Officer 			Date 05/20/15
Printed name of Authorized Officer Mark Harvey			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (319) 476-7800 ext.			
Study Area Code of Reporting Carrier	351162	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS & MERCHANTS</p>					
<p>Signature of Authorized Officer: Susie Stalder</p>				<p>Digitally signed by Susie Stalder DN:cn=Susie Stalder,email=sstalder@farmtel.com,O=farmers & merchants,l=Wayland IA 52654-0247, Date:5/20/2015</p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer: Susie Stalder</p>					
<p>Title or position of Authorized Officer: Operations Manager</p>					
<p>Telephone number of Authorized Officer: 319-256-2736</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351166</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL COOP</p>					
<p>Signature of Authorized Officer: Thomas Conry</p>				<p>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop,i=Harlan IA 51537-0311, Date:5/20/2015</p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer: Thomas Conry</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 712-744-3131</p>					
Study Area Code of Reporting Carrier	351168		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL COOP</p>					
<p>Signature of Authorized Officer: Tammy Wheeler</p>				<p><small>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</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Tammy Wheeler</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 641-642-3249</p>					
<p>Study Area Code of Reporting Carrier</p>	351169		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS MUTUAL JESUP					
Signature of Authorized Officer: Tony Lang				Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual jesup,l=Jesup IA 50648-0249, Date:5/27/2015	
Date: 5/27/2015					
Printed name of Authorized Officer: Tony Lang					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-827-1151					
Study Area Code of Reporting Carrier	351171		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Farmers Mutual Telephone Company - Mora Springs			
Signature of Authorized Officer 			Date 5/19/2015
Printed name of Authorized Officer Joshua Hydeem			
Title or position of Authorized Officer Chief Operating Officer			
Telephone number of Authorized Officer: (641) 210-8445 ext.			
Study Area Code of Reporting Carrier	351172	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL COOP</p>					
<p>Signature of Authorized Officer: Mark Harrison</p>				<p><small>Digitally signed by Mark Harrison DN:cn=Mark Harrison,email=mharrison@fmtcs.com,O=farmers mutual coop,l=Shellsburg IA 52332, Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer: Mark Harrison</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 319-436-2224</p>					
<p>Study Area Code of Reporting Carrier</p>	351173		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS MUTUAL TEL					
Signature of Authorized Officer: Kevin Cabbage				<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> Date: 5/15/2015	
Printed name of Authorized Officer: Kevin Cabbage					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 712-829-2111					
Study Area Code of Reporting Carrier	351174		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS TEL CO - BAT</p>					
<p>Signature of Authorized Officer: Joe Snyder</p>				<p>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</p>	
<p>Date: 5/27/2015</p>					
<p>Printed name of Authorized Officer: Joe Snyder</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 641-664-2074</p>					
<p>Study Area Code of Reporting Carrier</p>	351175		<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>					

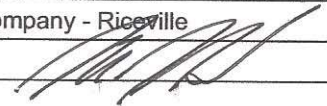
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS TEL CO-ESSEX</p>					
<p>Signature of Authorized Officer: Tim Hill</p>				<p>Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel co-essex,l=Essex IA 51638, Date:5/18/2015</p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer: Tim Hill</p>					
<p>Title or position of Authorized Officer: Manager</p>					
<p>Telephone number of Authorized Officer: 712-379-3001</p>					
<p>Study Area Code of Reporting Carrier</p>	351176		<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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Farmers Telephone Company - Riceville			
Signature of Authorized Officer 			Date 5/19/2015
Printed name of Authorized Officer Joshua Hveem			
Title or position of Authorized Officer Chief Operating Officer			
Telephone number of Authorized Officer: (641) 210-8445 , ext.			
Study Area Code of Reporting Carrier	351177	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		Fenton Corp Tel. Co.	
Signature of Authorized Officer		Date 5-22-15	
Printed name of Authorized Officer		Steven C. Longhenry	
Title or position of Authorized Officer		GM	
Telephone number of Authorized Officer		(515) 889-2785 ext.	
Study Area Code of Reporting Carrier	351179	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PARTNER COMM. COOP.</p>					
<p>Signature of Authorized Officer: Arthur Cooper</p>				<p><small>Digitally signed by Arthur Cooper DN: cn=Arthur Cooper, email=coop@pcctel.net, O=partner comm. coop., = , Date: 5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Arthur Cooper</p>					
<p>Title or position of Authorized Officer: Board President</p>					
<p>Telephone number of Authorized Officer: 641-498-7701</p>					
<p>Study Area Code of Reporting Carrier</p>	351187		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Goldfield Telephone Company</u>				
Signature of Authorized Officer <u>[Signature]</u>				Date <u>5-19-15</u>
Printed name of Authorized Officer <u>Jared Johnson</u>				
Title or position of Authorized Officer <u>General Manager</u>				
Telephone number of Authorized Officer: () - - - - - ext. <u>(515) 825-3766</u>				
Study Area Code of Reporting Carrier	<u>351188</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier River Valley Telecommunications Coop			
Signature of Authorized Officer 			Date 5/27/2015
Printed name of Authorized Officer Donald Mahan			
Title or position of Authorized Officer Vice-President			
Telephone number of Authorized Officer: (712) 859-3300 , ext.			
Study Area Code of Reporting Carrier	351189	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GRAND MOUND COOP TEL</p>					
<p>Signature of Authorized Officer: Marcus Behnken</p>				<p><small>Digitally signed by Marcus Behnken DN:cn=Marcus Behnken,email=mbehnken@gmcta.coop,O=grand mound coop tel, =Grand Mound IA 52751, Date:5/26/2015</small></p> <p>Date: 5/26/2015</p>	
<p>Printed name of Authorized Officer: Marcus Behnken</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 563-847-3000</p>					
<p>Study Area Code of Reporting Carrier</p>	351191		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GRISWOLD CO-OP TEL</p>					
<p>Signature of Authorized Officer: Amy McLaren</p>				<p>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</p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer: Amy McLaren</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 712-778-2121</p>					
Study Area Code of Reporting Carrier	351195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HAWKEYE TEL CO</p>					
<p>Signature of Authorized Officer: Charles Gray</p>				<p>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</p>	
<p>Date: 5/26/2015</p>					
<p>Printed name of Authorized Officer: Charles Gray</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 563-427-3331</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351199</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HOSPERS TEL EXCH INC</p>					
<p>Signature of Authorized Officer: David Raak</p>				<p>Digitally signed by David Raak DN:cn=David Raak,email=dave@hosperstel.com,O=hospers tel exch inc,l=Hospers IA 51238, Date:5/18/2015</p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer: David Raak</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 712-752-8100</p>					
<p>Study Area Code of Reporting Carrier</p>	351202		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HUBBARD COOP ASSN					
Signature of Authorized Officer: David Lowe				<small>Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop assn,I=Hubbard IA 50122-0428, Date:5/22/2015</small> Date: 5/22/2015	
Printed name of Authorized Officer: David Lowe					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 641-864-2216					
Study Area Code of Reporting Carrier	351203		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HUXLEY COMM. COOP.					
Signature of Authorized Officer: Gary Clark				<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> Date: 5/18/2015	
Printed name of Authorized Officer: Gary Clark					
Title or position of Authorized Officer: General Manager and Executive VP					
Telephone number of Authorized Officer: 515-597-2281					
Study Area Code of Reporting Carrier	351205		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: IAMO TEL CO - IA</p>					
<p>Signature of Authorized Officer: Jack Jones</p>				<p><small>Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel co - ia, Coin IA 51636, Date:5/20/2015</small></p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer: Jack Jones</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: INTERSTATE 35 TEL CO</p>					
<p>Signature of Authorized Officer: Mike Weis</p>				<p>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</p>	
<p>Date: 5/26/2015</p>					
<p>Printed name of Authorized Officer: Mike Weis</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 641-765-4201</p>					
<p>Study Area Code of Reporting Carrier</p>	351209		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: KALONA COOP TEL CO					
Signature of Authorized Officer: Casey Peck				Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey@kctc.net,O=kalona coop tel co,l=Kalona IA 52247-1208, Date:5/25/2015	
Date: 5/25/2015					
Printed name of Authorized Officer: Casey Peck					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 319-656-3668					
Study Area Code of Reporting Carrier	351214		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <i>Moyle Farming Corp Tel CO</i>				
Signature of Authorized Officer <i>Byron Picman</i>			Date <i>5-20-15</i>	
Printed name of Authorized Officer <i>Byron Picman</i>				
Title or position of Authorized Officer <i>General Manager</i>				
Telephone number of Authorized Officer: <i>319 442 3241</i> ext.				
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. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LA PORTE CITY TEL CO</p>					
<p>Signature of Authorized Officer: Chris Hopp</p>				<p>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</p>	
<p>Date: 5/15/2015</p>					
<p>Printed name of Authorized Officer: Chris Hopp</p>					
<p>Title or position of Authorized Officer: Executive Secretary</p>					
<p>Telephone number of Authorized Officer: 563-245-4480</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351220</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LA MOTTE TEL CO</p>					
<p>Signature of Authorized Officer: JoAnne Gregorich</p>				<p>Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=la motte tel co,l=LaMotte IA 52054, Date:5/18/2015</p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer: JoAnne Gregorich</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LEHIGH VALLEY COOP</p>					
<p>Signature of Authorized Officer: Jim Suchan</p>				<p><small>Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop,l=Lehigh IA 50557-0137, Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Jim Suchan</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 515-359-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351225</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Lone Rock Coop Tel. Co.			
Signature of Authorized Officer <i>Roger A. Jensen</i>			Date 5-18-2015
Printed name of Authorized Officer Roger P. Jensen			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (515) 825-3659 ext.			
Study Area Code of Reporting Carrier	351228	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

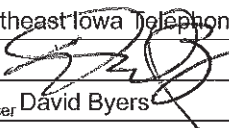
Received Time May. 15. 2:26PM

Transmittal No. 1455


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LOST NATION-ELWOOD</p>					
<p>Signature of Authorized Officer: Kelly Johnson</p>				<p><small>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</small></p>	
<p>Date: 5/19/2015</p>					
<p>Printed name of Authorized Officer: Kelly Johnson</p>					
<p>Title or position of Authorized Officer: General Manager /CEO</p>					
<p>Telephone number of Authorized Officer: 563-678-2470</p>					
<p>Study Area Code of Reporting Carrier</p>	351229		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Northeast Iowa Telephone Company</u>			
Signature of Authorized Officer 			Date <u>5/18/2015</u>
Printed name of Authorized Officer <u>David Byers</u>			
Title or position of Authorized Officer <u>Assistant Secretary/GM</u>			
Telephone number of Authorized Officer: <u>(563) 539-2122</u> , ext. <u> </u>			
Study Area Code of Reporting Carrier	<u>351230</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Lynnville Telephone Company			
Signature of Authorized Officer 		Date 5-26-15	
Printed name of Authorized Officer Gary Neill			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (402) 477-1354 ext.			
Study Area Code of Reporting Carrier	351232	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

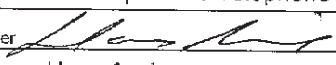
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS (MANILLA)</p>					
<p>Signature of Authorized Officer: Thomas Conry</p>				<p><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></p>	
<p>Date: 5/20/2015</p>					
<p>Printed name of Authorized Officer: Thomas Conry</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 712-744-3131</p>					
<p>Study Area Code of Reporting Carrier</p>	351235		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MARNE & ELK HORN TEL</p>					
<p>Signature of Authorized Officer: Janell Hansen</p>				<p><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></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Janell Hansen</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 712-764-6161</p>					
<p>Study Area Code of Reporting Carrier</p>	351237		<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>					

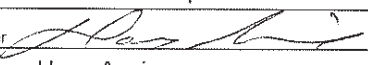
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Martelle Cooperative Telephone Association				
Signature of Authorized Officer 			Date 5-26-2015	
Printed name of Authorized Officer Hans Arwine				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (319) 482-2381 ext.				
Study Area Code of Reporting Carrier	351238	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MASSENA TEL CO</p>					
<p>Signature of Authorized Officer: Kathleen Foster</p>				<p>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</p>	
<p>Date: 5/19/2015</p>					
<p>Printed name of Authorized Officer: Kathleen Foster</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 712-779-2227</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351239</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Mechanicsville Telephone				
Signature of Authorized Officer 			Date 5-26-2015	
Printed name of Authorized Officer Hans Arwine				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (563) 432-7221 ext.				
Study Area Code of Reporting Carrier	351241	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Miles Cooperative Telephone Association			
Signature of Authorized Officer <i>Don Bales</i>		Date 05/13/2015	
Printed name of Authorized Officer Donald Bales			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (563) 682-7111 , ext.			
Study Area Code of Reporting Carrier	351242	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

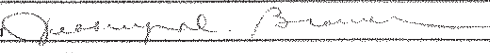
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Minburn Telephone Company				
Signature of Authorized Officer <i>Debra Lucht</i>			Date 5/15/2015	
Printed name of Authorized Officer Debra Lucht				
Title or position of Authorized Officer GM/Assist. Secretary				
Telephone number of Authorized Officer: (515) 677-2264 ext.				
Study Area Code of Reporting Carrier	351245		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MINERVA VALLEY TEL					
Signature of Authorized Officer: Levi Bappe				Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=mvitv@netins.net,O=minerva valley tel,l=Zearing IA 50278-0176, Date:5/27/2015	
Date: 5/27/2015					
Printed name of Authorized Officer: Levi Bappe					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 641-487-7399					
Study Area Code of Reporting Carrier	351246		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Modern Cooperative Telephone Co.				
Signature of Authorized Officer 			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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier: Mutual Telephone Company of Morning Sun				
Signature of Authorized Officer: 			Date: 5/18/2015	
Printed name of Authorized Officer: Randy Peor				
Title or position of Authorized Officer: Executive Vice President				
Telephone number of Authorized Officer: 219, 868 7636				
Study Area Code of Reporting Carrier: 351250		Filing Due Date for this form (mm/dd/yyyy): 6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

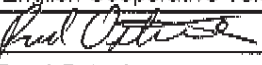
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MEDIAPOLIS TEL CO</p>					
<p>Signature of Authorized Officer: William Malcom</p>				<p><small>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</small></p> <p>Date: 5/19/2015</p>	
<p>Printed name of Authorized Officer: William Malcom</p>					
<p>Title or position of Authorized Officer: General Manager & CEO</p>					
<p>Telephone number of Authorized Officer: 319-394-3456</p>					
<p>Study Area Code of Reporting Carrier</p>	351251		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer: Doug Boone</p>				<p>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</p>	
<p>Date: 5/22/2015</p>					
<p>Printed name of Authorized Officer: Doug Boone</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 712-722-3451</p>					
Study Area Code of Reporting Carrier	351252		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier North English Cooperative Telephone Company				
Signature of Authorized Officer 			Date 5/18/2015	
Printed name of Authorized Officer Reed Ostberg				
Title or position of Authorized Officer COO				
Telephone number of Authorized Officer: (319) 664-3821 ext.				
Study Area Code of Reporting Carrier		351257	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHERN IOWA TEL CO					
Signature of Authorized Officer: Doug Boone				Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=northern iowa tel co,l=Sioux Center IA 51250, Date:5/22/2015	
Date: 5/22/2015					
Printed name of Authorized Officer: Doug Boone					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 712-722-3451					
Study Area Code of Reporting Carrier	351259		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NORTHWEST IOWA TEL</p>					
<p>Signature of Authorized Officer: Paul Bergmann</p>				<p><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></p> <p>Date: 5/21/2015</p>	
<p>Printed name of Authorized Officer: Paul Bergmann</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 712-271-5535</p>					
<p>Study Area Code of Reporting Carrier</p>	351260		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHWEST TEL COOP					
Signature of Authorized Officer: Donald Miller				<small>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</small> Date: 5/15/2015	
Printed name of Authorized Officer: Donald Miller					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 712-776-2222					
Study Area Code of Reporting Carrier	351261		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: COMM 1 NETWORK</p>					
<p>Signature of Authorized Officer: Randy Yeakel</p>				<p><small>Digitally signed by Randy Yeakel DN: cn=Randy Yeakel, email=ryeakel@comm1net.net, O=comm 1 network, l=Kanawha IA 50447, Date: 5/15/2015</small></p>	
<p>Date: 5/15/2015</p>					
<p>Printed name of Authorized Officer: Randy Yeakel</p>					
<p>Title or position of Authorized Officer: General Manager/ Director</p>					
<p>Telephone number of Authorized Officer: 641-762-3772</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351262</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: OGDEN TEL CO - IA</p>					
<p>Signature of Authorized Officer: 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: Gary Clark</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 515-275-2050</p>					
<p>Study Area Code of Reporting Carrier</p>	351263		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: OLIN TEL CO, INC</p>					
<p>Signature of Authorized Officer: Rodney Cozart</p>				<p><small>Digitally signed by Rodney Cozart DN:cn=Rodney Cozart,email=olintel@netins.net,O=olin tel co, inc,l=Olin IA 52320-0130, Date:5/19/2015</small></p> <p>Date: 5/19/2015</p>	
<p>Printed name of Authorized Officer: Rodney Cozart</p>					
<p>Title or position of Authorized Officer: Manager</p>					
<p>Telephone number of Authorized Officer: 319-484-2200</p>					
<p>Study Area Code of Reporting Carrier</p>	351264		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Onslow Cooperative Telephone Association			
Signature of Authorized Officer 		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.			

Carrier Cert

Transmittal No. 1455

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		Oran Mutual Telephone Company	
Signature of Authorized Officer		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 ext.	
Study Area Code of Reporting Carrier	351266	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PALO COOP TEL ASSN					
Signature of Authorized Officer: Scott Hobson				<small>Digitally signed by Scott Hobson DN:cn=Scott Hobson,email=shobsonpcta@netins.net,O=palo coop tel assn, Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer: Scott Hobson					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-851-3431					
Study Area Code of Reporting Carrier	351269		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PALMER MUTUAL TEL CO					
Signature of Authorized Officer: Andy Peterson				Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co, Palmer IA 50571, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Andy Peterson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 712-359-2411					
Study Area Code of Reporting Carrier	351270		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PANORA COMM COOP					
Signature of Authorized Officer: Andrew Randol				<small>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</small> Date: 5/19/2015	
Printed name of Authorized Officer: Andrew Randol					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 641-755-2424					
Study Area Code of Reporting Carrier	351271		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PEOPLES TEL CO - IA</p>					
<p>Signature of Authorized Officer: Curt Kawlewski</p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel co - ia, Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Curt Kawlewski</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 507-233-4172</p>					
<p>Study Area Code of Reporting Carrier</p>	351273		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PRAIRIEBURG TEL CO</p>					
<p>Signature of Authorized Officer: 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: LaRae Reichenauer</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PRESTON TEL CO</p>					
<p>Signature of Authorized Officer: Roger Kilburg</p>				<p>Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestonel.com,O=preston tel co,l=Preston IA 52069-0167, Date:5/15/2015</p>	
<p>Date: 5/15/2015</p>					
<p>Printed name of Authorized Officer: Roger Kilburg</p>					
<p>Title or position of Authorized Officer: Manager/Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer: 563-689-3811</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351276</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: RADCLIFFE TEL CO</p>					
<p>Signature of Authorized Officer: Edwin Drake</p>				<p><small>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</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Edwin Drake</p>					
<p>Title or position of Authorized Officer: Manager</p>					
<p>Telephone number of Authorized Officer: 515-899-2341</p>					
<p>Study Area Code of Reporting Carrier</p>	351277		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Ringsted Telephone Company			
Signature of Authorized Officer 		Date 05/27/2015	
Printed name of Authorized Officer Daniel Nelsen			
Title or position of Authorized Officer Board President			
Telephone number of Authorized Officer: (712) 866-8000 ext. 			
Study Area Code of Reporting Carrier	351280	 Filing Due Date for this form (mm/dd/yyyy)	6/16/2015 
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ROCKWELL COOP ASSN					
Signature of Authorized Officer: David Severin				<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: David Severin					
Title or position of Authorized Officer: General Mgr/Assist Secretary-Treasurer					
Telephone number of Authorized Officer: 641-822-3212					
Study Area Code of Reporting Carrier	351282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ROYAL TEL CO					
Signature of Authorized Officer: Doug Nelson				Digitally signed by Doug Nelson DN:cn=Doug Nelson,email=dnelson@royaltelco.com,O=royal tel co,l=Royal IA 51357, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Doug Nelson					
Title or position of Authorized Officer: General Manager/CCO					
Telephone number of Authorized Officer: 712-933-2615					
Study Area Code of Reporting Carrier	351283		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier: River Valley Telecommunications Coop				
Signature of Authorized Officer: 			Date: 5/27/2015	
Printed name of Authorized Officer: Donald Mahan				
Title or position of Authorized Officer: Vice-President				
Telephone number of Authorized Officer: (712) 859-3300 ext.				
Study Area Code of Reporting Carrier: 351284		Filing Due Date for this form (mm/dd/yyyy): 6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

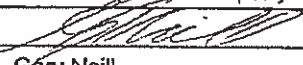
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Sac County Mutual Telephone Company			
Signature of Authorized Officer <i>Ronald Sorensen</i>			Date 5/14/2015
Printed name of Authorized Officer Ronald Sorensen			
Title or position of Authorized Officer Compliance Officer			
Telephone number of Authorized Officer: (712) 668-2200 ext.			
Study Area Code of Reporting Carrier	351285	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SCHALLER TEL CO					
Signature of Authorized Officer: Missy Kestel				Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel co,l=Schaller IA 51053, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Missy Kestel					
Title or position of Authorized Officer: Accounting General Manager					
Telephone number of Authorized Officer: 712-275-4211					
Study Area Code of Reporting Carrier	351291		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Searsboro Telephone Company				
Signature of Authorized Officer 			Date 5-26-15	
Printed name of Authorized Officer Gary Neill				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (402) 477-1354 ext.				
Study Area Code of Reporting Carrier		351292	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SHARON TEL CO</p>					
<p>Signature of Authorized Officer: Robert Schneider, Jr.</p>				<p><small>Digitally signed by Robert Schneider, Jr. DN:cn=Robert Schneider, Jr., email=sharontc@sharontc.net,O=sharon tel co,l=Hills IA 52235, Date:5/20/2015</small></p> <p>Date: 5/20/2015</p>	
<p>Printed name of Authorized Officer: Robert Schneider, Jr.</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 319-679-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	351293		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SCRANTON TEL CO					
Signature of Authorized Officer: Samuel Fengel				<small>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</small> Date: 5/18/2015	
Printed name of Authorized Officer: Samuel Fengel					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 712-652-3355					
Study Area Code of Reporting Carrier	351294		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SHELL ROCK COMM					
Signature of Authorized Officer: Richard McBurney				<small>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</small> Date: 5/22/2015	
Printed name of Authorized Officer: Richard McBurney					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 319-276-4458					
Study Area Code of Reporting Carrier	351295		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HEART OF IOWA COMM.</p>					
<p>Signature of Authorized Officer: Bryan Amundson</p>				<p><small>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</small></p>	
<p>Date: 5/21/2015</p>					
<p>Printed name of Authorized Officer: Bryan Amundson</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 641-486-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351297</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SOUTH SLOPE COOP TEL					
Signature of Authorized Officer: Justyn Miller				<small>Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=south slope coop tel,l=North Liberty IA 52317, Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer: Justyn Miller					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 319-626-2211					
Study Area Code of Reporting Carrier	351298		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SOUTHWEST TEL EXCH</p>					
<p>Signature of Authorized Officer: Mike Weis</p>				<p>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</p>	
<p>Date: 5/26/2015</p>					
<p>Printed name of Authorized Officer: Mike Weis</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 641-765-4201</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351301</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SPRINGVILLE COOP TEL</p>					
<p>Signature of Authorized Officer: Jean Schilling</p>				<p><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></p>	
<p>Date: 5/26/2015</p>					
<p>Printed name of Authorized Officer: Jean Schilling</p>					
<p>Title or position of Authorized Officer: Office Manager</p>					
<p>Telephone number of Authorized Officer: 319-854-6107</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351302</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>					

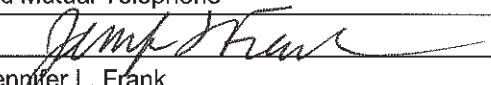
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Cooperative Telephone Exchange				
Signature of Authorized Officer <i>Marvin Ness</i>			Date 5/19/2015	
Printed name of Authorized Officer Marvin Ness				
Title or position of Authorized Officer President, Board of Directors				
Telephone number of Authorized Officer: (515) 826-3206 ext.				
Study Area Code of Reporting Carrier	351303		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

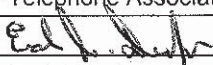
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SO. SLOPE-SWISHER					
Signature of Authorized Officer: Justyn Miller				<small>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</small> Date: 5/15/2015	
Printed name of Authorized Officer: Justyn Miller					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 319-626-2211					
Study Area Code of Reporting Carrier	351304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
<div style="display: flex; justify-content: space-between;"> Name of Reporting Carrier Stratford Mutual Telephone </div>				
<div style="display: flex; justify-content: space-between;"> Signature of Authorized Officer  Date 5/26/15 </div>				
<div style="display: flex; justify-content: space-between;"> Printed name of Authorized Officer Jennifer L. Frank </div>				
<div style="display: flex; justify-content: space-between;"> Title or position of Authorized Officer Assistant Secretary </div>				
<div style="display: flex; justify-content: space-between;"> Telephone number of Authorized Officer: (515) 838-2390 ext. </div>				
<div style="display: flex; justify-content: space-between;"> Study Area Code of Reporting Carrier 351305 </div>	<div style="display: flex; justify-content: space-between;"> Filing Due Date for this form (mm/dd/yyyy) 6/16/2015 </div>			
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Sully Telephone Association				
Signature of Authorized Officer 				Date 5/19/2015
Printed name of Authorized Officer Earl J De Angelo				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (641) 594-2905 ext.				
Study Area Code of Reporting Carrier	35-1306	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		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)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Templeton Telephone CompanySignature of Authorized Officer *Patricia Snyder*Date 05/18/2015Printed name of Authorized Officer Patricia SnyderTitle or position of Authorized Officer General ManagerTelephone number of Authorized Officer: (712) 669-3311 ext.

Study Area Code of Reporting Carrier

351308Filing Due Date for this form
(mm/dd/yyyy)6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TERRIL TEL. COOP.</p>					
<p>Signature of Authorized Officer: Douglas Nelson</p>				<p><small>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</small></p>	
<p>Date: 5/18/2015</p>					
<p>Printed name of Authorized Officer: Douglas Nelson</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 712-853-6121</p>					
<p>Study Area Code of Reporting Carrier</p>	351309		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TITONKA-BURT</p>					
<p>Signature of Authorized Officer: Vicky Nelson</p>				<p><small>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</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Vicky Nelson</p>					
<p>Title or position of Authorized Officer: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer: 515-928-2110</p>					
<p>Study Area Code of Reporting Carrier</p>	351310		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: UNITED FARMERS TEL					
Signature of Authorized Officer: Roxanne White				<small>Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel,l=Every IA 51338, Date:5/27/2015</small> Date: 5/27/2015	
Printed name of Authorized Officer: Roxanne White					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 712-834-2211					
Study Area Code of Reporting Carrier	351316		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VAN BUREN TEL CO					
Signature of Authorized Officer: Kevin Hranicka				Digitally signed by Kevin Hranicka DN:cn=Kevin Hranicka,email=hranicka@netins.net,O=van buren tel co,l=Keosauqua IA 52565-0430, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Kevin Hranicka					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 319-293-3187					
Study Area Code of Reporting Carrier	351319		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VAN HORNE COOP TEL					
Signature of Authorized Officer: Kerry Less				<small>Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop tel,l=Van Horne IA 52346-0096, Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer: Kerry Less					
Title or position of Authorized Officer: CFO - Chief Financial Officer					
Telephone number of Authorized Officer: 319-228-8791					
Study Area Code of Reporting Carrier	351320		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VENTURA TEL CO, INC					
Signature of Authorized Officer: Thomas Lovell				<small>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel co, inc,l=Clear Lake IA 50428-0066, Date:5/16/2015</small> Date: 5/16/2015	
Printed name of Authorized Officer: Thomas Lovell					
Title or position of Authorized Officer: General Manager/Vice President					
Telephone number of Authorized Officer: 641-357-2111					
Study Area Code of Reporting Carrier	351322		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: VILLISCA FARMERS TEL</p>					
<p>Signature of Authorized Officer: Kevin Cabbage</p>				<p><small>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</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Kevin Cabbage</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 712-829-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	351324		<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>					

FD-302 (Rev. 11-20-83)

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

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

Name of Reporting Carrier				WALNUT TELEPHONE COMPANY, INC	
Signature of Authorized Officer			Date 18 MAY 2015		
Printed name of Authorized Officer				BRUCE HEYNE	
Title or position of Authorized Officer				PRESIDENT / GENERAL MANAGER	
Telephone number of Authorized Officer: 712.784.2211 ext.					
Study Area Code of Reporting Carrier		351326	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WEBB-DICKENS TEL					
Signature of Authorized Officer: Doug Boone				<small>Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=webb-dickens tel,=Sioux Center IA 51250, Date:5/22/2015</small> Date: 5/22/2015	
Printed name of Authorized Officer: Doug Boone					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 712-722-3451					
Study Area Code of Reporting Carrier	351327		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WEBSTER-CALHOUN COOP</p>					
<p>Signature of Authorized Officer: Daryl Carlson</p>				<p>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</p>	
<p>Date: 5/19/2015</p>					
<p>Printed name of Authorized Officer: Daryl Carlson</p>					
<p>Title or position of Authorized Officer: Executive Vice President</p>					
<p>Telephone number of Authorized Officer: 515-352-3151</p>					
<p>Study Area Code of Reporting Carrier</p>	351328		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Wellman Cooperative Telephone Association			
Signature of Authorized Officer <i>Jayne Hochstedler</i>			Date 05/18/2015
Printed name of Authorized Officer Jayne Hochstedler			
Title or position of Authorized Officer CFO			
Telephone number of Authorized Officer: (319) 646-6075 ext.			
Study Area Code of Reporting Carrier	351329	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WEST IOWA TEL CO</p>					
<p>Signature of Authorized Officer: Robert Gannon</p>				<p><small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel co,l=Remsen IA 51050-0330, Date:5/15/2015</small></p> <p>Date: 5/15/2015</p>	
<p>Printed name of Authorized Officer: Robert Gannon</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 712-786-5572</p>					
<p>Study Area Code of Reporting Carrier</p>	351331		<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WEST LIBERTY TEL CO					
Signature of Authorized Officer: Craig Bieber				<small>Digitally signed by Craig Bieber DN:cn=Craig Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,l= , Date:5/22/2015</small> Date: 5/22/2015	
Printed name of Authorized Officer: Craig Bieber					
Title or position of Authorized Officer: Controller/Treasurer					
Telephone number of Authorized Officer: 319-627-2145					
Study Area Code of Reporting Carrier	351332		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Western Iowa Telephone Association**

Signature of Authorized Officer

*Russell E. Walker*Date **05/18/2015**Printed name of Authorized Officer **Russell E. Walker**Title or position of Authorized Officer **Board President**Telephone number of Authorized Officer: **(712) 944-5711**, ext.

Study Area Code of Reporting Carrier

351334Filing Due Date for this form
(mm/dd/yyyy)**6/16/2015**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WESTSIDE INDEPENDENT</p>					
<p>Signature of Authorized Officer: Jane Morlok</p>				<p><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></p> <p>Date: 5/22/2015</p>	
<p>Printed name of Authorized Officer: Jane Morlok</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 712-673-8101</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351335</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WILTON TEL CO</p>					
<p>Signature of Authorized Officer: Stacie Harris</p>				<p><small>Digitally signed by Stacie Harris DN:cn=Stacie Harris,email=stacie@wtcccommunications.com,O=wilton tel co,l=Wilton IA 52778-0970, Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Stacie Harris</p>					
<p>Title or position of Authorized Officer: General Manager/CFO</p>					
<p>Telephone number of Authorized Officer: 563-732-3000</p>					
<p>Study Area Code of Reporting Carrier</p>	351336		<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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Winnebago Cooperative Telecom Association**

Signature of Authorized Officer *Mark Thoma* Date **5/15/2015**

Printed name of Authorized Officer **Mark Thoma**


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

Telephone number of Authorized Officer: **(641) 592-6105** ext.

Study Area Code of Reporting Carrier **351337** Filing Due Date for this form (mm/dd/yyyy) **6/16/2015**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier: Woolstock Mutual Telephone Assn.				
Signature of Authorized Officer: 				Date: 05-14-2015
Printed name of Authorized Officer: Chris Simmons				
Title or position of Authorized Officer: General Manager				
Telephone number of Authorized Officer: (515) 839-5571 ext.				
Study Area Code of Reporting Carrier	351342	Filing Due Date for this form (mm/dd/yyyy)	5/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WYOMING MUTUAL TEL</p>					
<p>Signature of Authorized Officer: 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: Debra Williams</p>					
<p>Title or position of Authorized Officer: Office Manager/Board Secretary</p>					
<p>Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PRAIRIE TEL CO					
Signature of Authorized Officer: Jane Morlok				<small>Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=prairie tel co,l=Breda IA 51436-0190, Date:5/22/2015</small> Date: 5/22/2015	
Printed name of Authorized Officer: Jane Morlok					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-673-8101					
Study Area Code of Reporting Carrier	351344		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

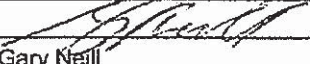
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ACE TEL ASSN-IA					
Signature of Authorized Officer: Todd Roesler				<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> Date: 5/21/2015	
Printed name of Authorized Officer: Todd Roesler					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 507-896-6292					
Study Area Code of Reporting Carrier	351346		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ALLIANCE-HILLS IA</p>					
<p>Signature of Authorized Officer: Kari Flanagan</p>				<p><small>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</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Kari Flanagan</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 605-594-8228</p>					
<p>Study Area Code of Reporting Carrier</p>	351405		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Killduff Telephone Company				
Signature of Authorized Officer 			Date 5-28-15	
Printed name of Authorized Officer Gary Neill				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (402) 477-1354 , ext.				
Study Area Code of Reporting Carrier		351407	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MABEL COOP TEL-IA</p>					
<p>Signature of Authorized Officer: Lorren Tingesdal</p>				<p><small>Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabtel.coop,O=mabel coop tel-ia,i=Mabel MN 55954-0368, Date:5/18/2015</small></p> <p>Date: 5/18/2015</p>	
<p>Printed name of Authorized Officer: Lorren Tingesdal</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 507-493-5411</p>					
<p>Study Area Code of Reporting Carrier</p>	351424		<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier Grand River Mutual Telephone Corporation					
Signature of Authorized Officer <i>Gregg Davis</i>					Date May 19, 2015
Printed name of Authorized Officer Gregg Davis					
Title or position of Authorized Officer President, Board of Directors					
Telephone number of Authorized Officer: (660) 748-3231 , ext. _____					
Study Area Code of Reporting Carrier	351888		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Carrier Cert