


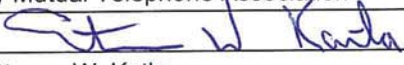
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 			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		361337	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ACE TEL ASSN-MN</b></p>					
<p>Signature of Authorized Officer: <b>Todd Roesler</b></p>				<p>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel assn-mn,l=Houston MN 55943-0360, Date:5/21/2015</p>	
<p>Date: <b>5/21/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Todd Roesler</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>507-896-6292</b></p>					
Study Area Code of Reporting Carrier	<b>361346</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier <b>Albany Mutual Telephone Association</b>				
Signature of Authorized Officer 				Date <b>5/18/2015</b>
Printed name of Authorized Officer <b>Steven W. Katka</b>				
Title or position of Authorized Officer <b>CEO/General Manager</b>				
Telephone number of Authorized Officer: <b>(320) 845-2101</b> ext.				
Study Area Code of Reporting Carrier	<b>361347</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WILDERNESS VALLEY					
Signature of Authorized Officer: Robert Riddell				<small>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlcwb.net,O=wilderness valley,lc= , Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Robert Riddell					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 218-488-6565					
Study Area Code of Reporting Carrier	361348		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITY OF BARNESVILLE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Guy Swenson</span></p>				<p><small>Digitally signed by Guy Swenson DN:cn=Guy Swenson,email=gswenson@bvillemn.net,O=city of barnesville,l=Barnesville MN 56514, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Guy Swenson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">TEC Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-354-2292</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361353</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Benton Cooperative Telephone Company	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Cheryl Scapanski		
Title or position of Authorized Officer			General Manager		
Telephone number of Authorized Officer: (320) 393-2115 ext.					
Study Area Code of Reporting Carrier	361356		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CALLAWAY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel co,l= , Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361365</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLARA CITY TEL EXCH</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Hanson</b></p>				<p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=clara city tel exch,lc= , Date:5/21/2015</p>	
<p>Date: <b>5/21/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-847-2211</b></p>					
Study Area Code of Reporting Carrier	<b>361370</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLEMENTS TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel co,l= , Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361372</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				CONSOLIDATED TELEPHONE COMPANY	
Signature of Authorized Officer					
Date			05/21/2015		
Printed name of Authorized Officer				KEVIN T LARSON	
Title or position of Authorized Officer				CEO/GENERAL MANAGER	
Telephone number of Authorized Officer: (218) 454-1101 ext.					
Study Area Code of Reporting Carrier		361373		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2015	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARROWHEAD COMM CORP					
Signature of Authorized Officer: Staci Malikowski				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=arrowhead comm corp, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361374		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUNNELL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Charles Mattingly</span></p>				<p><small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@vncenterprises.com,O=dunnell tel co,l=Judson TX 75660, Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Charles Mattingly</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Managing Member</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">903-663-0099</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361381</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>EAGLE VALLEY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=eagle valley tel co,lc= , Date:5/19/2015</p>	
<p>Date: <b>5/19/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-346-8498</b></p>					
Study Area Code of Reporting Carrier	<b>361383</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EAST OTTER TAIL TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=east otter tail tel,lc= , Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361385</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
<div style="display: flex; justify-content: space-between;"> <span>Name of Reporting Carrier</span> <span>Eckles Telephone Company</span> </div>				
<div style="display: flex; justify-content: space-between;"> <span>Signature of Authorized Officer</span> </div>				<div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>5/26/2015</span> </div>
<div style="display: flex; justify-content: space-between;"> <span>Printed name of Authorized Officer</span> <span>William Eckles</span> </div>				
<div style="display: flex; justify-content: space-between;"> <span>Title or position of Authorized Officer</span> <span>President</span> </div>				
<div style="display: flex; justify-content: space-between;"> <span>Telephone number of Authorized Officer:</span> <span>(507) 526-3252; ext.</span> </div>				
<div style="display: flex; justify-content: space-between;"> <span>Study Area Code of Reporting Carrier</span> <span>361386</span> </div>	<div style="display: flex; justify-content: space-between;"> <span>Filing Due Date for this form (mm/dd/yyyy)</span> <span>6/16/2015</span> </div>			
<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: EMILY COOP TEL CO					
Signature of Authorized Officer: Josh Netland				<small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop tel co,l=Emily MN 56447, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Josh Netland					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 218-763-3000					
Study Area Code of Reporting Carrier	361387		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 Beyer				<small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kbeyer@fedtel.net,O=farmers mutual tel, Inc., Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer: Kevin Beyer					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 320-568-2105					
Study Area Code of Reporting Carrier	361389		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>FEDERATED TEL COOP</b>					
Signature of Authorized Officer: <b>Kevin Beyer</b>				<small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kbeyer@fedtel.net,O=federated tel coop,l=Chokio MN 56221, Date:5/21/2015</small> Date: <b>5/21/2015</b>	
Printed name of Authorized Officer: <b>Kevin Beyer</b>					
Title or position of Authorized Officer: <b>CEO</b>					
Telephone number of Authorized Officer: <b>320-324-7111</b>					
Study Area Code of Reporting Carrier	<b>361390</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FELTON TEL CO. INC.					
Signature of Authorized Officer: Staci Malikowski				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=felton tel co. inc.,l= , Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361391		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

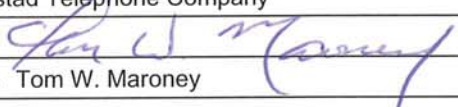
Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Garden Valley Telephone Company			
Signature of Authorized Officer: <i>Joe O. Sandberg</i>			Date: May 18, 2015
Printed name of Authorized Officer: Joe O. Sandberg			
Title or position of Authorized Officer: Treasurer			
Telephone number of Authorized Officer: (218) 687-2400 ext.			
Study Area Code of Reporting Carrier	361395	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GARDONVILLE COOP TEL					
Signature of Authorized Officer: David Wolf				<small>Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop tel,l= , Date:5/22/2015</small> Date: 5/22/2015	
Printed name of Authorized Officer: David Wolf					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 320-524-2211					
Study Area Code of Reporting Carrier	361396		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Halstad Telephone Company			
Signature of Authorized Officer 			Date 5/19/2015
Printed name of Authorized Officer Tom W. Maroney			
Title or position of Authorized Officer CEO			
Telephone number of Authorized Officer: (218) 456-2125 ext. _____			
Study Area Code of Reporting Carrier	361401	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FEDERATED TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kevin Beyer</span></p>				<p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kbeyer@fedtel.net,O=federated tel coop,l=Chokio MN 56221, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kevin Beyer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">320-324-7111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361403</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HARMONY TEL CO					
Signature of Authorized Officer: Lorren Tingesdal				<small>Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabelltel.coop,O=harmony tel co,l=Harmony MN 55939, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Lorren Tingesdal					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 507-886-2525					
Study Area Code of Reporting Carrier	361404		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-HILLS MN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>				<p><small>Digitally signed by Kari Flanagan DN: cn=Kari Flanagan, email=karif@alliance.coop, O=alliance-hills mn, l=Garretson SD 57030, Date: 5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361405</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HOME TEL CO - MN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=home tel co - mn,l= , Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361408</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HUTCHINSON TEL CO</p>					
<p>Signature of Authorized Officer: <b>Curt Kawlewski</b></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=hutchinson tel co, 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>					
Study Area Code of Reporting Carrier	361409		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Johnson Telephone Company**

Signature of Authorized Officer

Date **5/22/2015**Printed name of Authorized Officer **Donna Gunderson**Title or position of Authorized Officer **Corporate Secretary**Telephone number of Authorized Officer: **(218) 566-2302 ext.**

Study Area Code of Reporting Carrier

**361410**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.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KASSON &amp; MANTORVILLE</b></p>					
<p>Signature of Authorized Officer: <b>Beth Tollefson</b></p>				<p>Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=tollef@kmtel.com,O=kasson &amp; mantorville,lc= , Date: 5/18/2015</p> <p>Date: <b>5/18/2015</b></p>	
<p>Printed name of Authorized Officer: <b>Beth Tollefson</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>507-634-2511</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361412</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LISMORE COOP TEL CO</p>					
<p>Signature of Authorized Officer: Tarri Joens</p>				<p>Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretel.com,O=lismore coop tel co,l=Lismore MN 56155-0127, Date:5/19/2015</p>	
<p>Date: 5/19/2015</p>					
<p>Printed name of Authorized Officer: Tarri Joens</p>					
<p>Title or position of Authorized Officer: Office Manager</p>					
<p>Telephone number of Authorized Officer: 507-472-8748</p>					
Study Area Code of Reporting Carrier	361419		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 Lonsdale Telephone Co., Inc.				
Signature of Authorized Officer <i>Bonnie Simon</i>			Date 5/21/2015	
Printed name of Authorized Officer Bonnie Simon				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (507) 744-2311 ext.				
Study Area Code of Reporting Carrier 361422		Filing Due Date for this form (mm/dd/yyyy) 6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Runestone Telephone Association				
Signature of Authorized Officer <i>John M Kapphahn</i>			Date 05/18/2015	
Printed name of Authorized Officer John Kapphahn				
Title or position of Authorized Officer Secretary/Treasurer				
Telephone number of Authorized Officer: (320) 986-2013 ext.				
Study Area Code of Reporting Carrier	361423	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MABEL COOP TEL - MN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Lorren Tingesdal</span></p>				<p><small>Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabeltel.coop,O=mabel coop tel - mn,l=Mabel MN 55954-0368, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Lorren Tingesdal</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-493-5411</span></p>					
Study Area Code of Reporting Carrier	<span style="color: blue;">361424</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHRISTENSEN COMM CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Andy Hennis</span></p>				<p><small>Digitally signed by Andy Hennis DN:cn=Andy Hennis,email=andyh@chriscomco.net,O=christensen comm co, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Andy Hennis</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Business Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-642-5555</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361425</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

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

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

Name of Reporting Carrier				Manchester-Hartland Telephone Company	
Signature of Authorized Officer			<i>Phillip Morreim</i>		
Printed name of Authorized Officer			Phillip Morreim		
Title or position of Authorized Officer			President		
Telephone number of Authorized Officer:			(507) 826-3212 ext.		
Study Area Code of Reporting Carrier		361428		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MELROSE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=melrose tel co,l= , Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361430</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>MIDWEST TEL CO</b>					
Signature of Authorized Officer: <b>Staci Malikowski</b>				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=midwest tel co,l= , Date:5/19/2015</small> Date: <b>5/19/2015</b>	
Printed name of Authorized Officer: <b>Staci Malikowski</b>					
Title or position of Authorized Officer: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer: <b>218-346-8498</b>					
Study Area Code of Reporting Carrier	<b>361431</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MINNESOTA VALLEY TEL					
Signature of Authorized Officer: Danny Busche				<small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=minnesota valley tel,l=Franklin MN 55333, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Danny Busche					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 507-557-2275					
Study Area Code of Reporting Carrier	361439		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW ULM TELECOM, INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Curt Kawlewski</span></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=new ulm telecom, inc., Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Curt Kawlewski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-233-4172</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361442</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LORETEL SYSTEMS, INC</b></p>					
<p>Signature of Authorized Officer: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=loretel systems, inc, Date:5/19/2015</p>	
<p>Date: <b>5/19/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-346-8498</b></p>					
Study Area Code of Reporting Carrier	<b>361443</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OSAKIS TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=osakis tel co,l= , Date:5/19/2015</p>	
<p>Date: <b>5/19/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-346-8498</b></p>					
Study Area Code of Reporting Carrier	<b>361448</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PARK REGION MUTUAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dave Bickett</span></p>				<p><small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual,l=Underwood MN 56586-0277, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dave Bickett</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-826-6161</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361450</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PAUL BUNYAN RURAL					
Signature of Authorized Officer: Dave Schultz				<small>Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural,lc= , Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer: Dave Schultz					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-444-1141					
Study Area Code of Reporting Carrier	361451		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.


Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>PEOPLES TEL CO - MN</b>					
Signature of Authorized Officer: <b>Staci Malikowski</b>				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=peoples tel co - mn,l= , Date:5/19/2015</small> Date: <b>5/19/2015</b>	
Printed name of Authorized Officer: <b>Staci Malikowski</b>					
Title or position of Authorized Officer: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer: <b>218-346-8498</b>					
Study Area Code of Reporting Carrier	<b>361453</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: REDWOOD COUNTY TEL					
Signature of Authorized Officer: Staci Malikowski				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361472		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Rothsay Telephone Co Inc			
Signature of Authorized Officer 			Date 5/19/2015
Printed name of Authorized Officer Wayne Stowman			
Title or position of Authorized Officer Secy/Treas			
Telephone number of Authorized Officer: (218) 867-2111 ext.			
Study Area Code of Reporting Carrier	361474	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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>Runestone Telephone Association</u>				
Signature of Authorized Officer <u>John M Kapphahn</u>				Date <u>05/18/2015</u>
Printed name of Authorized Officer <u>John Kapphahn</u>				
Title or position of Authorized Officer <u>Secretary/Treasurer</u>				
Telephone number of Authorized Officer: <u>(320) 986-2013</u> ext. <u>      </u>				
Study Area Code of Reporting Carrier	<u>361475</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: SACRED HEART TEL CO</p>					
<p>Signature of Authorized Officer: Bruce Hanson</p>				<p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel co,lc=, Date:5/21/2015</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>					
Study Area Code of Reporting Carrier	361476		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>Scott Rice Telephone Company dba Integra Telecom</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date <u>5/22/05</u>
Printed name of Authorized Officer <u>Mark Roskopf</u>			
Title or position of Authorized Officer <u>SR Director of Tax</u>			
Telephone number of Authorized Officer: <u>360.5584222</u>			
Study Area Code of Reporting Carrier	<u>361479</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2005</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SLEEPY EYE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Curt Kawlewski</span></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=sleepy eye tel co, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Curt Kawlewski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-233-4172</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361483</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRING GROVE COMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Craig Otterness</span></p>				<p><small>Digitally signed by Craig Otterness DN:cn=Craig Otterness,email=otter9@aol.com,O=spring grove comm.,l=Spring Grove MN 55974-0516, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Craig Otterness</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">GM/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-498-3456</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361485</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">STARBUCK TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel co,l= , Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361487</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TWIN VALLEY-ULEN TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=twin valley-ulen tel,l= , Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361491</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>UPSALA COOP TEL ASSN</b></p>					
<p>Signature of Authorized Officer:      <b>Tony Gebhard</b></p>				<p><small>Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala coop tel assn,l=Upsala MN 56384, Date:5/18/2015</small></p> <p>Date:      <b>5/18/2015</b></p>	
<p>Printed name of Authorized Officer:      <b>Tony Gebhard</b></p>					
<p>Title or position of Authorized Officer:      <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>320-573-1390</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361494</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VALLEY TEL CO - MN					
Signature of Authorized Officer: Dave Bickett				<small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=valley tel co - mn,l=Underwood MN 56586-0277, Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer: Dave Bickett					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 218-826-6161					
Study Area Code of Reporting Carrier	361495		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **CROSSLAKE TELEPHONE COMPANY**

Signature of Authorized Officer

*Debby Floerchinger*Date **5/18/15**

Printed name of Authorized Officer

**DEBBY FLOERCHINGER**

Title or position of Authorized Officer

**LOCAL MANAGER**Telephone number of Authorized Officer: **(218) 692-2777** ext.

Study Area Code of Reporting Carrier


**361499**Filing Due Date for this form  
(mm/dd/yyyy)**6/16/2015**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTHERN TEL CO - MN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Robert Riddell</span></p>				<p><small>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlcwb.net,O=northern tel co - mn,l= , Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Robert Riddell</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-488-6565</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361500</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

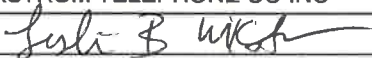
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier WEST CENTRAL TELEPHONE ASSN				
Signature of Authorized Officer 				Date 05/18/2015
Printed name of Authorized Officer CHAD BULLOCK				
Title or position of Authorized Officer CEO-GM				
Telephone number of Authorized Officer: (218) 837-5151 ext.				
Study Area Code of Reporting Carrier	361501	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>WESTERN TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Curt Kawlewski</b></p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=western tel co, Date:5/18/2015</p>	
<p>Date:      <b>5/18/2015</b></p>					
<p>Printed name of Authorized Officer:      <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer:      <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer:      <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361502</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>WIKSTROM TELEPHONE CO INC</b>				
Signature of Authorized Officer 				Date <b>5/26/15</b>
Printed name of Authorized Officer <b>LESLIE B WIKSTROM</b>				
Title or position of Authorized Officer <b>VICE PRESIDENT</b>				
Telephone number of Authorized Officer: <b>(218) 436-2121</b> , ext.				
Study Area Code of Reporting Carrier	<b>361505</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



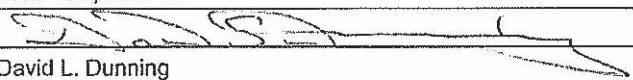
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WINTHROP TEL CO					
Signature of Authorized Officer: Danny Busche				Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=winthrop tel co,l=Franklin MN 55333, Date:5/26/2015	
Date: 5/26/2015					
Printed name of Authorized Officer: Danny Busche					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 507-557-2275					
Study Area Code of Reporting Carrier	361508		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WOODSTOCK TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Terry Nelson</span></p>				<p><small>Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock tel co,l=Ruthon MN 56170, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Terry Nelson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Operations Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-658-3830</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361510</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<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 <b>Wolverton Telephone Co</b></p>			
<p>Signature of Authorized Officer </p>		<p>Date <b>5/21/2015</b></p>	
<p>Printed name of Authorized Officer <b>David L. Dunning</b></p>			
<p>Title or position of Authorized Officer <b>Executive Vice President</b></p>			
<p>Telephone number of Authorized Officer: <b>(701) 284-7221 ext.</b></p>			
<p>Study Area Code of Reporting Carrier</p>	<p><b>361512</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ZUMBROTA TEL CO					
Signature of Authorized Officer: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota tel co,l= , 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	361515		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Interstate Telecommunications Cooperative, Inc. (ITC)			
Signature of Authorized Officer 			Date 5-20-15
Printed name of Authorized Officer Jerry Heiberger			
Title or position of Authorized Officer CEO			
Telephone number of Authorized Officer: (605) 874-2181, ext.			
Study Area Code of Reporting Carrier	361654	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ARAPAHOE TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>John Koller</b></p>				<p><small>Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.net,O=arapahoe tel co,l=Arapahoe NE 68922, Date:5/22/2015</small></p> <p>Date:      <b>5/22/2015</b></p>	
<p>Printed name of Authorized Officer:      <b>John Koller</b></p>					
<p>Title or position of Authorized Officer:      <b>VP Operations</b></p>					
<p>Telephone number of Authorized Officer:      <b>308-962-7298</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371516</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARLINGTON TEL CO					
Signature of Authorized Officer: Joe Jetensky				<small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=arlington tel co,l= , Date:5/21/2015</small> Date: 5/21/2015	
Printed name of Authorized Officer: Joe Jetensky					
Title or position of Authorized Officer: President/GM					
Telephone number of Authorized Officer: 402-426-6245					
Study Area Code of Reporting Carrier	371517		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ELSIE COMM., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Shipley</span></p>				<p><small>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=elsie comm.,inc.,l=Colorado City CO 81019, Date:5/16/2015</small></p> <p>Date: <span style="color: blue;">5/16/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Shipley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">866-542-6780</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371518</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THE BLAIR TEL CO					
Signature of Authorized Officer: Joe Jetensky				Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=the blair tel co,l= , Date:5/21/2015 Date: 5/21/2015	
Printed name of Authorized Officer: Joe Jetensky					
Title or position of Authorized Officer: President/GM					
Telephone number of Authorized Officer: 402-426-6245					
Study Area Code of Reporting Carrier	371524		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>THREE RIVER TELCO</b>					
Signature of Authorized Officer: <b>Neil Classen</b>				<small>Digitally signed by Neil Classen DN:cn=Neil Classen,email=neil@threeriver.net,O=three river telco, Lynch NE 68746-0066, Date:5/26/2015</small> Date: <b>5/26/2015</b>	
Printed name of Authorized Officer: <b>Neil Classen</b>					
Title or position of Authorized Officer: <b>General Manager</b>					
Telephone number of Authorized Officer: <b>402-569-2666</b>					
Study Area Code of Reporting Carrier	<b>371525</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAMBRIDGE TEL CO -NE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">J. Shoemaker</span></p>				<p><small>Digitally signed by J. Shoemaker DN:cn=J. Shoemaker, email=tom.shoemaker@pnpt.com,O=cambridge tel co -ne,l=Cambridge NE 69022, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">J. Shoemaker</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">V P Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">308-697-3333</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371526</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CONSOLIDATED TELCO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Wendy Thompson Fast</span></p>				<p><small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco,l=Lincoln NE 68506-0147, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Wendy Thompson Fast</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-489-2728</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371530</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Clarks Telecommunications Company

Signature of Authorized Officer David Schutte

Date 5/13/15

Printed name of Authorized Officer David Schutte

Title or position of Authorized Officer Treasurer

Telephone number of Authorized Officer: (402) 632-4204 ext.

Study Area Code of Reporting Carrier 371531

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CONSOLIDATED TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Wendy Thompson Fast</span></p>				<p>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated tel co,l=Lincoln NE 68506-0147, Date:5/15/2015</p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Wendy Thompson Fast</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-489-2728</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371532</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COZAD TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Marcus Young</b></p>				<p>Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad tel co,lc=, Date:5/18/2015</p>	
<p>Date: <b>5/18/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Marcus Young</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>308-784-4044</b></p>					
Study Area Code of Reporting Carrier	<b>371534</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CURTIS TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Wendy Thompson Fast</span></p>				<p><small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=curtis tel co,l=Lincoln NE 68506-0147, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Wendy Thompson Fast</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-489-2728</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371536</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DALTON TEL CO, INC</b></p>					
<p>Signature of Authorized Officer: <b>David Shipley</b></p>				<p>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton tel co, inc,l=Colorado City CO 81019, Date:5/16/2015</p>	
<p>Date: <b>5/16/2015</b></p>					
<p>Printed name of Authorized Officer: <b>David Shipley</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>866-542-6779</b></p>					
Study Area Code of Reporting Carrier	<b>371537</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DILLER TEL CO					
Signature of Authorized Officer: Loren Duerksen				Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller tel co,l=Diller NE 68342-0236, Date:5/20/2015	
Date: 5/20/2015					
Printed name of Authorized Officer: Loren Duerksen					
Title or position of Authorized Officer: Director of Operations					
Telephone number of Authorized Officer: 402-793-5330					
Study Area Code of Reporting Carrier	371540		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: EASTERN NEBRASKA TEL					
Signature of Authorized Officer: Joe Jetensky				<small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=eastern nebraska tel,lc= , Date:5/21/2015</small> Date: 5/21/2015	
Printed name of Authorized Officer: Joe Jetensky					
Title or position of Authorized Officer: President/GM					
Telephone number of Authorized Officer: 402-426-6245					
Study Area Code of Reporting Carrier	371542		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLENWOOD TEL MEMBER</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Stanley Rouse</span></p>				<p><small>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood tel member,j=Blue Hill NE 68930-0008, Date:5/20/2015</small></p>	
<p>Date: <span style="color: blue;">5/20/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Stanley Rouse</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-756-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371553</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Hamilton Telephone Company</u>			
Signature of Authorized Officer <u>[Signature]</u>		Date <u>5-15-15</u>	
Printed name of Authorized Officer <u>John Nelson</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>(402) 694-5101, ext.</u>			
Study Area Code of Reporting Carrier	<u>371555</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: <b>HARTINGTON TELECOM</b></p>					
<p>Signature of Authorized Officer: <b>William Dendinger</b></p>				<p>Digitally signed by William Dendinger DN:cn=William Dendinger,email=bildd@hartel.net,O=hartington telecom, Hartington NE 68739-0157, Date:5/20/2015</p>	
<p>Date: <b>5/20/2015</b></p>					
<p>Printed name of Authorized Officer: <b>William Dendinger</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>402-254-3901</b></p>					
Study Area Code of Reporting Carrier	<b>371556</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>Hartman Telephone Exchanges, Inc.</b>			
Signature of Authorized Officer <i>Linda L. McKain</i>			Date <b>05.19.2015</b>
Printed name of Authorized Officer <b>Linda L McKain</b>			
Title or position of Authorized Officer <b>Vice President</b>			
Telephone number of Authorized Officer: <b>(308) 423-2000</b> , ext.			
Study Area Code of Reporting Carrier	<b>371557</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
<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: HEMINGFORD COOP TEL					
Signature of Authorized Officer: Tonya Mayer				Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop tel,l=Hemingford NE 69348-0246, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Tonya Mayer					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 308-487-3311					
Study Area Code of Reporting Carrier	371558		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HENDERSON CO-OP TEL					
Signature of Authorized Officer: James Mestl				<small>Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henders on co-op tel,l=Henderson NE 68371, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: James Mestl					
Title or position of Authorized Officer: Board President					
Telephone number of Authorized Officer: 402-723-4448					
Study Area Code of Reporting Carrier	371559		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>HERSHEY COOP TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Rex Woolley</b></p>				<p>Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey coop tel co,l=Hershey NE 69143, Date:5/26/2015</p>	
<p>Date:      <b>5/26/2015</b></p>					
<p>Printed name of Authorized Officer:      <b>Rex Woolley</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer:      <b>308-368-5561</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371561</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CONSOLIDATED TELECOM</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Wendy Thompson Fast</span></p>				<p><small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telecom, Lincoln NE 68506-0147, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Wendy Thompson Fast</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-489-2728</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371562</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HOOPER TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Robert Gannon</span></p>				<p><small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper tel co,l=Remsen IA 51050-0330, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Robert Gannon</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-786-5572</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371563</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: K & M TEL CO, INC					
Signature of Authorized Officer: Thomas Magnuson				Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k & m tel co, inc,lc=Chambers NE 68725, Date:5/23/2015	
Date: 5/23/2015					
Printed name of Authorized Officer: Thomas Magnuson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 402-482-5220					
Study Area Code of Reporting Carrier	371565		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLENWOOD NET SRV</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Stanley Rouse</span></p>				<p><small>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood net srv,l=Blue Hill NE 68930-0008, Date:5/20/2015</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Stanley Rouse</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-756-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371567</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEBRASKA CENTRAL TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Nancy McGregor-Jader</span></p>				<p><small>Digitally signed by Nancy McGregor-Jader DN:cn=Nancy McGregor-Jader,email=njader@nctc.net,O=nebraska central tel,l=Gibbon NE 68840-0700, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Nancy McGregor-Jader</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">308-468-6341</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371574</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Northeast Nebraska Telephone Company**

Signature of Authorized Officer

*David Schutte*

Date

*5/12/15*

Printed name of Authorized Officer

**David Schutte**

Title or position of Authorized Officer

**Treasurer**

Telephone number of Authorized Officer: **(402) 632-4321** ext.

Study Area Code of Reporting Carrier

**371576**

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

**6/16/2015**

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



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GREAT PLAINS COMMUN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Wyman Nelson</span></p>				<p><small>Digitally signed by Wyman Nelson DN:cn=Wyman Nelson,email=wenelson@gpcom.com,O=great plains commun,l=Blair NE 68008, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Wyman Nelson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President &amp; Chief Legal Counsel</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-456-6594</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371577</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PIERCE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mary Bichlmeier</span></p>				<p><small>Digitally signed by Mary Bichlmeier DN: cn=Mary Bichlmeier, email=maryb@piercetelphone.com, O=pierce tel co, l=Pierce NE 68767-0113, Date: 5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mary Bichlmeier</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Company Accountant</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-329-6225</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371581</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PLAINVIEW TEL CO					
Signature of Authorized Officer: Eric Nye				Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@uwo.edu,O=plainview tel co,l=Plainview NE 68769, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Eric Nye					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 402-582-4242					
Study Area Code of Reporting Carrier	371582		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCK COUNTY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Joe Jetensky</span></p>				<p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=rock county tel co,l= , Date:5/21/2015</small></p>	
<p>Date: <span style="color: blue;">5/21/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Joe Jetensky</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/GM</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-426-6245</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371586</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SODTOWN TEL CO					
Signature of Authorized Officer: Mike Plautz				Digitally signed by Mike Plautz DN:cn=Mike Plautz,email=secretary@sdtnetle.com,O=sodtown tel co,l=, Date:5/15/2015 Date: 5/15/2015	
Printed name of Authorized Officer: Mike Plautz					
Title or position of Authorized Officer: Secretary					
Telephone number of Authorized Officer: 308-467-2310					
Study Area Code of Reporting Carrier	371590		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SE NEBRASKA COMM INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Ray Joy</span></p>				<p><small>Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=se nebraska comm inc,lc= , Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Ray Joy</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-245-4451</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371591</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: STANTON TELECOM INC.					
Signature of Authorized Officer: Robert Paden				<small>Digitally signed by Robert Paden DN:cn=Robert Paden,email=rjpaden@stanton.net,O=stanton telecom inc.,l=Stanton NE 68779, Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer: Robert Paden					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 402-439-2264					
Study Area Code of Reporting Carrier	371592		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier <b>Wauneta Telephone Company</b></p>			
<p>Signature of Authorized Officer <i>Linda L. McKain</i></p>			<p>Date <b>05.19.2015</b></p>
<p>Printed name of Authorized Officer <b>Linda L McKain</b></p>			
<p>Title or position of Authorized Officer <b>Vice President</b></p>			
<p>Telephone number of Authorized Officer: <b>(308) 423-2000</b>, ext. _____</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><b>371597</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></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>			



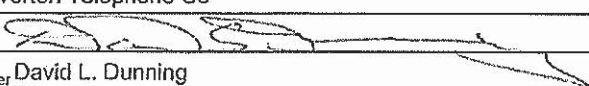
TO BE COMPLETED BY THE REPORTING CARRIER,

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 Benkelman Telephone Co., Inc.			
Signature of Authorized Officer <i>Linda L. McKain</i>			Date 05.19.2015
Printed name of Authorized Officer Linda L McKain			
Title or position of Authorized Officer Vice President			
Telephone number of Authorized Officer: (308) 423-2000 ext.			
Study Area Code of Reporting Carrier	372455	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 DAKOTA TEL CO					
Signature of Authorized Officer: Shawna Senger				<small>Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota tel co,l=Devils Lake ND 58301, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Shawna Senger					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 701-662-6428					
Study Area Code of Reporting Carrier	381447		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 <u>Wolverton Telephone Co</u></p>			
<p>Signature of Authorized Officer </p>			<p>Date <u>5/21/2015</u></p>
<p>Printed name of Authorized Officer <u>David L. Dunning</u></p>			
<p>Title or position of Authorized Officer <u>Executive Vice President</u></p>			
<p>Telephone number of Authorized Officer: <u>(701) 284-7221</u>, ext. <u>        </u></p>			
<p>Study Area Code of Reporting Carrier</p>	<p><u>381509</u></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><u>6/16/2015</u></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Carrier Cert

Transmittal No. 1455

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ABSARAKA COOP TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Ann Faught</b></p>				<p><small>Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop tel co, Inc., Date: 5/18/2015</small></p> <p>Date:      <b>5/18/2015</b></p>	
<p>Printed name of Authorized Officer:      <b>Ann Faught</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>701-896-3404</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381601</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <u>BEK Communications Cooperative</u>			
Signature of Authorized Officer <u>Brett Stroh</u>		Date <u>5/27/2015</u>	
Printed name of Authorized Officer <u>Brett Stroh</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>(701) 475-2361</u> ext. _____			
Study Area Code of Reporting Carrier	<u>381604</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,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Consolidated Telcom</b>			
Signature of Authorized Officer <i>Bill Schaller</i>			Date <b>5-22-15</b>
Printed name of Authorized Officer <b>Bill Schaller</b>			
Title or position of Authorized Officer <b>Board President</b>			
Telephone number of Authorized Officer: <b>(701) 483-4000</b> ext.			
Study Area Code of Reporting Carrier	<b>381607</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Dakota Central Telecommunications Cooperative/DCTI</b>			
Signature of Authorized Officer 			Date <b>5/26/15</b>
Printed name of Authorized Officer <b>Doug Wede</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(701) 652-3184</b> ext. _____			
Study Area Code of Reporting Carrier	<b>38-1610</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DICKY RURAL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Robert Johnson</span></p>				<p><small>Digitally signed by Robert Johnson DN:cn=Robert Johnson,email=rjohnson@dtel.com,O=dickey rural coop, Date:5/20/2015</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Robert Johnson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-344-6010</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381611</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

<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 <b>Polar Communications Mutual Aid Corp</b></p>			
<p>Signature of Authorized Officer </p>			<p>Date <b>5/21/2015</b></p>
<p>Printed name of Authorized Officer <b>David L. Dunning</b></p>			
<p>Title or position of Authorized Officer <b>GM/CEO</b></p>			
<p>Telephone number of Authorized Officer: <b>(701) 284-7221</b> ext. _____</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><b>381614</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Carrier Cert

Transmittal No. 1455

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GRIGGS COUNTY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tyler Kilde</span></p>				<p><small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tylerk@mlgc.biz,O=griggs county tel co,l=Enderlin ND 58027-0066, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tyler Kilde</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP/GM</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-437-3417</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381615</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INTER-COMMUNITY TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Keith Andersen</span></p>				<p><small>Digitally signed by Keith Andersen DN:cn=Keith Andersen,email=kander@ictc.com,O=inter-community tel,l=Nome ND 58062-0008, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Keith Andersen</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-924-8815</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381616</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MIDSTATE TEL CO					
Signature of Authorized Officer: Ryan Wilhelmi				<small>Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate tel co,l=Stanley ND 58784-0400, Date:5/22/2015</small> Date: 5/22/2015	
Printed name of Authorized Officer: Ryan Wilhelmi					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 701-628-2522					
Study Area Code of Reporting Carrier	381617		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GRIGGS CTY (M&L)					
Signature of Authorized Officer: Tyler Kilde				<small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tylerk@mlgc.biz,O=griggs cty (m&amp;l),l=Enderlin ND 58027-0066, Date:5/21/2015</small> Date: 5/21/2015	
Printed name of Authorized Officer: Tyler Kilde					
Title or position of Authorized Officer: VP/GM					
Telephone number of Authorized Officer: 701-437-3417					
Study Area Code of Reporting Carrier	381622		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTHWEST COMM COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mike Steffan</span></p>				<p>Digitally signed by Mike Steffan DN:cn=Mike Steffan,email=mikes@nccray.com,O=northwest comm coop,i=Ray ND 58849-0038, Date:5/16/2015</p>	
<p>Date: <span style="color: blue;">5/16/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Mike Steffan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-568-3331</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381625</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<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 <b>Polar Communications Mutual Aid Corp</b></p>			
<p>Signature of Authorized Officer </p>			<p>Date <b>5/21/2015</b></p>
<p>Printed name of Authorized Officer <b>David L. Dunning</b></p>			
<p>Title or position of Authorized Officer <b>GM/CEO</b></p>			
<p>Telephone number of Authorized Officer: <b>(701) 284-7221</b>, ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><b>381630</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></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: RED RIVER COMM.					
Signature of Authorized Officer: Jeffrey Olson				<small>Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jeffolson@rrt.net,O=red river comm.,l=Abercrombie ND 58001, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Jeffrey Olson					
Title or position of Authorized Officer: General Manager/Executive Secretary					
Telephone number of Authorized Officer: 701-553-8309					
Study Area Code of Reporting Carrier	381631		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>RESERVATION TELEPHONE COOPERATIVE</b>				
Signature of Authorized Officer <i>Royce S. Aslakson</i>			Date <i>5-18-15</i>	
Printed name of Authorized Officer <b>ROYCE S. ASLAKSON</b>				
Title or position of Authorized Officer <b>CEO/GM</b>				
Telephone number of Authorized Officer: <b>(701) 862-3115 ext.</b>				
Study Area Code of Reporting Carrier		<b>381632</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: UNITED TEL MUTUAL					
Signature of Authorized Officer: Perry Oster				Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united tel mutual,l=Langdon ND 58249-0729, Date:5/19/2015	
Date: 5/19/2015					
Printed name of Authorized Officer: Perry Oster					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 701-256-5156					
Study Area Code of Reporting Carrier	381636		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">W. RIVER TELECOM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bonnie Krause</span></p>				<p><small>Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=w. river telecom.,l=Hazen ND 58545-0467, Date:5/25/2015</small></p> <p>Date: <span style="color: blue;">5/25/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bonnie Krause</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/GM</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-748-4221</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381637</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDSTATE COMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Ryan Wilhelmi</span></p>				<p><small>Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate comm.,l=Stanley ND 58784-0400, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Ryan Wilhelmi</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-628-2522</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381638</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					


TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEMONT TEL COOP - ND</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Remi Sun</span></p>				<p><small>Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop - nd,l=Scobey MT 59263-0600, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Remi Sun</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-783-2358</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">382247</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <b>SRT Communications, Inc.</b>			
Signature of Authorized Officer 			Date <b>06/04/2015</b>
Printed name of Authorized Officer <b>John Reiser</b>			
Title or position of Authorized Officer <b>COO/Asst General Manager</b>			
Telephone number of Authorized Officer: <b>(701) 858-5262</b> , ext.			
Study Area Code of Reporting Carrier	<b>383303</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-HILLS SD</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>				<p><small>Digitally signed by Kari Flanagan DN: cn=Kari Flanagan, email=karif@alliance.coop, O=alliance-hills sd, l=Garretson SD 57030, Date: 5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391405</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Golden West Telecommunications - Armour				
Signature of Authorized Officer 			Date 5/18/15	
Printed name of Authorized Officer Denny Law				
Title or position of Authorized Officer General Manager/CEO				
Telephone number of Authorized Officer: (605) 279-2161, ext.				
Study Area Code of Reporting Carrier	391640	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				


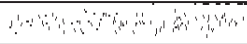
Carrier Cert



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: ALLIANCE-BALTIC					
Signature of Authorized Officer: Kari Flanagan				Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,l=G arretson SD 57030, Date: 5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Kari Flanagan					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-594-8228					
Study Area Code of Reporting Carrier	391642		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier <b>Cheyenne River Sioux Tribe Telephone Authority</b>					
Signature of Authorized Officer <i>Ivan Bruguier</i>				Date <b>5-30-15</b>	
Printed name of Authorized Officer <b>Ivan Bruguier</b>					
Title or position of Authorized Officer <b>Board Chairman</b>					
Telephone number of Authorized Officer: <b>(605) 964-2600 ext.</b>					
Study Area Code of Reporting Carrier	<b>391647</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/18/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BERESFORD MUNICIPAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Todd Hansen</span></p>				<p><small>Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal,lc= , Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Todd Hansen</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-763-2500</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391649</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

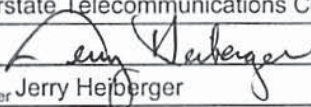
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Clarity Telecom LLC DBA Vast broadband</b>				
Signature of Authorized Officer 			Date <b>5/26/2015</b>	
Printed name of Authorized Officer <b>Dan Robinson</b>				
Title or position of Authorized Officer <b>Controller</b>				
Telephone number of Authorized Officer: <b>(573) 481-2763</b> ext.				
Study Area Code of Reporting Carrier	<b>391652</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITY OF FAITH MUNIC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Debbie Brown</span></p>				<p><small>Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith munic,l=Faith SD 57626-0368, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Debbie Brown</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Finance Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-967-2261</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391653</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier <b>Interstate Telecommunications Cooperative, Inc. (ITC)</b></p>			
<p>Signature of Authorized Officer </p>			<p>Date <b>5-20-15</b></p>
<p>Printed name of Authorized Officer <b>Jerry Heiberger</b></p>			
<p>Title or position of Authorized Officer <b>CEO</b></p>			
<p>Telephone number of Authorized Officer: <b>(605) 874-2181</b>, ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><b>391654</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-SPLITROCK</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>				<p><small>Digitally signed by Kari Flanagan DN: cn=Kari Flanagan, email=karif@alliance.coop, O=alliance-splitrock, I=Garretson SD 57030, Date: 5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391657</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

**TO BE COMPLETED BY THE REPORTING CARRIER,**

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Golden West Telecommunications Cooperative, Inc.				
Signature of Authorized Officer 			Date 5/18/15	
Printed name of Authorized Officer Denny Law				
Title or position of Authorized Officer General Manager/CEO				
Telephone number of Authorized Officer: (605) 279-2161 ext.				
Study Area Code of Reporting Carrier	391659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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: FT RANDALL-MT RUSHMR					
Signature of Authorized Officer: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=ft randall-mt rushmr,l=, 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	391660		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **James Valley Cooperative Telephone Company**

Signature of Authorized Officer

*James Groft*

Date

*5/18/15*

Printed name of Authorized Officer **James Groft**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer: **(605) 397-2323**, ext.

Study Area Code of Reporting Carrier

**391664**

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


**6/16/2015**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>JEFFERSON TEL CO -SD</b></p>					
<p>Signature of Authorized Officer:      <b>Tom Connors</b></p>				<p>Digitally signed by Tom Connors DN:cn=Tom Connors,email=tomc@longlines.biz,O=jefferson tel co -sd,l=Jefferson SD 57038-0128, Date:5/21/2015</p>	
<p>Date:      <b>5/21/2015</b></p>					
<p>Printed name of Authorized Officer:      <b>Tom Connors</b></p>					
<p>Title or position of Authorized Officer:      <b>Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>605-966-5631</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391666</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

**TO BE COMPLETED BY THE REPORTING CARRIER,**

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Golden West Telecommunications - Kadoka</b>			
Signature of Authorized Officer 			Date <b>5/18/15</b>
Printed name of Authorized Officer <b>Denny Law</b>			
Title or position of Authorized Officer <b>General Manager/CEO</b>			
Telephone number of Authorized Officer: <b>(605) 279-2161</b> , ext. _____			
Study Area Code of Reporting Carrier	<b>391667</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KENNEBEC TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Rod Bowar</span></p>				<p><small>Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=knbctel@kennebectelephone.com,O=kennebec tel co,l=Kennebec SD 57544, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Rod Bowar</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-869-2220</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391668</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

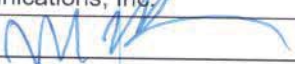
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRIOTEL COMM-MCCOOK</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Bryan Roth</span></p>				<p><small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm-mccook,l=Salem SD 57058-0630, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bryan Roth</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-425-2238</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391669</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier Midstate Communications, Inc.

Signature of Authorized Officer 

Date 5/21/2015

Printed name of Authorized Officer Mark D. Benton

Title or position of Authorized Officer General Manager/CEO

Telephone number of Authorized Officer: (605) 778-6221, ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

391670

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST RIVER(MOBRIDGE)</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bonnie Krause</span></p>				<p><small>Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=west river(mobridge),l=Hazen ND 58545-0467, Date:5/25/2015</small></p> <p>Date: <span style="color: blue;">5/25/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bonnie Krause</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/GM</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-748-4221</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391671</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					




TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RC TECHNOLOGIES</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Scott Bostrom</span></p>				<p>Digitally signed by Scott Bostrom DN: cn=Scott Bostrom, email=sbostrom@tnics.com, O=rc technologies, l=New Effington SD 57255-0197, Date: 5/20/2015</p>	
<p>Date: <span style="color: blue;">5/20/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Scott Bostrom</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-637-5211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391674</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Santel Communications Cooperative, Inc.			
Signature of Authorized Officer 			Date 05/22/2015
Printed name of Authorized Officer Ryan Thompson			
Title or position of Authorized Officer CEO			
Telephone number of Authorized Officer: (605) 796-4411 ext.			
Study Area Code of Reporting Carrier	391676	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Golden West Telecommunications - Sioux Valley				
Signature of Authorized Officer 				Date 5/18/15
Printed name of Authorized Officer Denny Law				
Title or position of Authorized Officer General Manager/CEO				
Telephone number of Authorized Officer: (605) 279-2161 ext.				
Study Area Code of Reporting Carrier	391677	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 <b>Interstate Telecommunications Cooperative, Inc. (ITC)</b>				
Signature of Authorized Officer 				Date <b>5-20-15</b>
Printed name of Authorized Officer <b>Jerry Heiberger</b>				
Title or position of Authorized Officer <b>CEO</b>				
Telephone number of Authorized Officer: <b>(605) 874-2181</b> ext. _____				
Study Area Code of Reporting Carrier	<b>391679</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VENTURE COMM. COOP					
Signature of Authorized Officer: Randy Houdek				<small>Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture comm. coop,l=Highmore SD 57345-0157, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Randy Houdek					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 605-852-1111					
Study Area Code of Reporting Carrier	391680		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRIOTEL COMM(TRI-C)</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Bryan Roth</span></p>				<p><small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm(tri-c),l=Salem SD 57058-0630, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bryan Roth</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-425-2238</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391682</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Golden West Telecommunications - Union				
Signature of Authorized Officer 				Date 5/18/15
Printed name of Authorized Officer Denny Law				
Title or position of Authorized Officer General Manager/CEO				
Telephone number of Authorized Officer: (605) 279-2161 ext.				
Study Area Code of Reporting Carrier	391684	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VALLEY TELECOMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Darin LaCoursiere</span></p>				<p><small>Digitally signed by Darin LaCoursiere DN:cn=Darin LaCoursiere,email= darin@valleytel.net,O=valley telecom.,l=Herreid SD 57632-0007, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Darin LaCoursiere</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/GM</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-437-2615</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391685</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



**TO BE COMPLETED BY THE REPORTING CARRIER,**

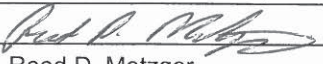
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Golden West Telecommunications - Vivian</b>				
Signature of Authorized Officer 			Date <b>5/18/15</b>	
Printed name of Authorized Officer <b>Denny Law</b>				
Title or position of Authorized Officer <b>General Manager/CEO</b>				
Telephone number of Authorized Officer: <b>(605) 279-2161</b> , ext. _____				
Study Area Code of Reporting Carrier	<b>391686</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VENTURE COMM. COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Randy Houdek</span></p>				<p><small>Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture comm. coop,l=Highmore SD 57345-0157, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Randy Houdek</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-852-1111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391688</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
<p>Name of Reporting Carrier <b>West River Cooperative Telephone Company</b></p>				
<p>Signature of Authorized Officer </p>			<p>Date <b>May 20, 2015</b></p>	
<p>Printed name of Authorized Officer <b>Reed D. Metzger</b></p>				
<p>Title or position of Authorized Officer <b>General Manager</b></p>				
<p>Telephone number of Authorized Officer: <b>(605) 244-5213</b> ext. _____</p>				
<p>Study Area Code of Reporting Carrier <b>391689</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy) <b>6/16/2015</b></p>		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ARKANSAS TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Randy McCaslin</b></p>				<p><small>Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas tel co,l=Clinton AR 72031, Date:5/19/2015</small></p> <p>Date:      <b>5/19/2015</b></p>	
<p>Printed name of Authorized Officer:      <b>Randy McCaslin</b></p>					
<p>Title or position of Authorized Officer:      <b>President</b></p>					
<p>Telephone number of Authorized Officer:      <b>501-745-2114</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401692</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CENTRAL ARKANSAS TEL					
Signature of Authorized Officer: Shirley Kinnaird				<small>Digitally signed by Shirley Kinnaird DN:cn=Shirley Kinnaird,email=shirley@catc.net,O=central arkansas tel,l=Bismarck AR 71929-0130, Date:5/27/2015</small> Date: 5/27/2015	
Printed name of Authorized Officer: Shirley Kinnaird					
Title or position of Authorized Officer: Interim Manager					
Telephone number of Authorized Officer: 501-865-3212					
Study Area Code of Reporting Carrier	401697		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOUTH ARKANSAS TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Greg Ashcraft</span></p>				<p><small>Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel,l=Sheridan AR 72150, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Greg Ashcraft</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">870-942-4344</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401702</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LAVACA TEL CO-AR</b></p>					
<p>Signature of Authorized Officer: <b>Keith Gibson</b></p>				<p>Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ar,l=Lavaca AR 72941-0230, Date:5/26/2015</p>	
<p>Date: <b>5/26/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Keith Gibson</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>479-674-2211</b></p>					
Study Area Code of Reporting Carrier	<b>401704</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MADISON COUNTY TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Tom Shrum</span></p>				<p><small>Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel,l=Huntsville AR 72740, Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tom Shrum</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">479-738-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401709</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MAGAZINE TEL CO					
Signature of Authorized Officer: Kathy Stone				Digitally signed by Kathy Stone DN:cn=Kathy Stone,email=magtel@magtel.com,O=magazine tel co,l=Magazine AR 72943, Date:5/27/2015	
Date: 5/27/2015					
Printed name of Authorized Officer: Kathy Stone					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 479-969-2211					
Study Area Code of Reporting Carrier	401710		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOUNTAIN VIEW TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Anne Schuhknecht</span></p>				<p>Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=Mountain view tel co, Mountain Home AR 72654-1970, Date:5/27/2015</p>	
<p>Date: <span style="color: blue;">5/27/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Anne Schuhknecht</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">870-425-3100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401712</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

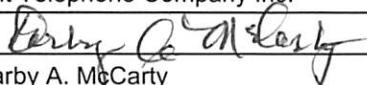
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTH ARKANSAS TEL					
Signature of Authorized Officer: Steven Sanders, Jr.				<small>Digitally signed by Steven Sanders, Jr. DN:cn=Steven Sanders, Jr.,email=steven@natconet.com,O=north arkansas tel,=Flippin AR 72634-0209, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Steven Sanders, Jr.					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 870-453-9273					
Study Area Code of Reporting Carrier	401713		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PRAIRIE GROVE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Rick Reed</span></p>				<p><small>Digitally signed by Rick Reed DN:cn=Rick Reed,email=treed@pgtc.com,O=prairie grove tel co,l=Prairie Grove AR 72753-1010, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Rick Reed</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">479-846-7200</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401718</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier <b>Rice Belt Telephone Company Inc.</b>				
Signature of Authorized Officer 			Date <b>05/26/2015</b>	
Printed name of Authorized Officer <b>Darby A. McCarty</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(812) 876-2211</b> ext.				
Study Area Code of Reporting Carrier	<b>401721</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<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.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">E RITTER TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Strode</span></p>				<p><small>Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=e ritter tel co,l=Jonesboro AR 72403, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Strode</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">870-336-2345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401722</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SW ARKANSAS TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Tina Moore</span></p>				<p><small>Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=sw arkansas tel coop, Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tina Moore</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accountant</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">870-653-8222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401724</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRI-COUNTY TEL CO-AR</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Strode</span></p>				<p><small>Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=tri-county tel co-ar,l=Jonesboro AR 72403, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Strode</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">870-336-2345</span></p>					
Study Area Code of Reporting Carrier	<span style="color: blue;">401726</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WALNUT HILL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Deborah Nobles</span></p>				<p><small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=walnut hill tel co,l=Macclenny FL 32063-0485, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Deborah Nobles</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP of Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">904-259-0029</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401729</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">YELCOT TEL CO INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Anne Schuhknecht</span></p>				<p>Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=yelcot tel co inc,l=Mountain Home AR 72654-1970, Date:5/27/2015</p>	
<p>Date: <span style="color: blue;">5/27/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Anne Schuhknecht</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">870-425-3100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401733</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ARKWEST COMM., INC.</b></p>					
<p>Signature of Authorized Officer:      <b>P. Sanders</b></p>				<p>Digitally signed by P. Sanders DN:cn=P. Sanders,email=ptjr@arkwest.com,O=arkwest comm.,inc.,l=Danville AR 72833, Date:5/26/2015</p>	
<p>Date:      <b>5/26/2015</b></p>					
<p>Printed name of Authorized Officer:      <b>P. Sanders</b></p>					
<p>Title or position of Authorized Officer:      <b>President &amp; GM</b></p>					
<p>Telephone number of Authorized Officer:      <b>479-495-4242</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401734</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SCOTT COUNTY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Karen Gilliam</span></p>				<p><small>Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county tel co,l=Avilla MO 64833, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Karen Gilliam</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">479-923-4200</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">403031</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BLUE VALLEY TELE-COM</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Candace Wright</span></p>				<p>Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-com, = , Date:5/26/2015</p>	
<p>Date: <span style="color: blue;">5/26/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Candace Wright</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">785-799-3657</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411746</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COUNCIL GROVE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dale Jones</span></p>				<p><small>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel co,l=Council Grove KS 66846-0299, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dale Jones</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-767-5153</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411758</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CUNNINGHAM TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Brent Cunningham</span></p>				<p><small>Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham tel co,l=Glen Elder KS 67446-0108, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Brent Cunningham</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">785-545-3215</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411761</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier		Elkhart Telephone Co., Inc		
Signature of Authorized Officer				
Printed name of Authorized Officer		Trenton D. Boaldin		
Title or position of Authorized Officer		President		
Telephone number of Authorized Officer:		(620) 697-2111, ext.		
Study Area Code of Reporting Carrier	411764	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GOLDEN BELT TEL ASSN					
Signature of Authorized Officer: Beau Rebel				<small>Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbta.net,O=golden belt tel assn,l=Rush Center KS 67575, Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer: Beau Rebel					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 785-372-4236					
Study Area Code of Reporting Carrier	411777		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GORHAM TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Tonya Murphy</span></p>				<p><small>Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham tel co,l=Gorham KS 67640-0235, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tonya Murphy</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">785-637-5300</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411778</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAVILAND TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mark Wade</span></p>				<p><small>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandelco.com,O=haviland tel co,l=Haviland KS 67059, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Wade</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-862-5211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411780</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">H &amp; B COMMUNICATIONS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Robert Koch</span></p>				<p><small>Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h &amp; b communications,l=Holyrood KS 67450, Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Robert Koch</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President and General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">785-252-4000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411781</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HOME TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Tina Anderson</span></p>				<p><small>Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hcl-ks.com,O=home tel co,l=Galva KS 67443, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tina Anderson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Customer Acct &amp; Billing Mgr/Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-654-3381</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411782</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: J. B. N. TEL CO INC					
Signature of Authorized Officer: Roger DelFiacco				<small>Digitally signed by Roger DelFiacco DN:cn=Roger DelFiacco,email=roger@jbntelco.com,O=j. b. n. tel co inc,l=Holton KS 66436, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Roger DelFiacco					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 785-866-3402					
Study Area Code of Reporting Carrier	411785		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KANOKLA TEL ASSN-KS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Greg Aldridge</span></p>				<p><small>Digitally signed by Greg Aldridge DN:cn=Greg Aldridge,email=greg@kanokla.com,O=kanokla tel assn-ks,l=Caldwell KS 67022-0111, Date:5/19/2015</small></p>	
<p>Date: <span style="color: blue;">5/19/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Greg Aldridge</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-845-5682</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411788</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MADISON TEL., LLC					
Signature of Authorized Officer: Shana Rains				<small>Digitally signed by Shana Rains DN:cn=Shana Rains,email=srains@madtel.net,O=madison tel., llc,l=Madison KS 66860, Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer: Shana Rains					
Title or position of Authorized Officer: Accountant					
Telephone number of Authorized Officer: 620-437-2356					
Study Area Code of Reporting Carrier	411801		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOKAN DIAL INC-KS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Deborah Nobles</span></p>				<p><small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=mokan dial inc-ks,l=Macclenny FL 32063-0485, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Deborah Nobles</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP of Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">904-259-0029</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411807</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOUNDRIDGE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Delonna Barnett</span></p>				<p><small>Digitally signed by Delonna Barnett DN: cn=Delonna Barnett, email=speedo@mtelco.net, O=moundridge tel co, l=Moundridge KS 67107, Date: 5/20/2015</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Delonna Barnett</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Office Manager/VP</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-345-2831</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411808</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MUTUAL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Tietjens</span></p>				<p><small>Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mutual tel co,l=Little River KS 67457, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Tietjens</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-897-6200</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411809</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PEOPLES TELECOM LLC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kathy Billinger</span></p>				<p><small>Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peoplestelecom.net,O=peoples telecom llc,l=LaCygne KS 66040, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kathy Billinger</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">913-757-2500</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411814</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

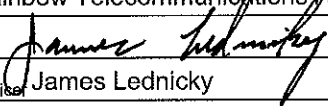
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CRAW-KAN TEL COOP					
Signature of Authorized Officer: Craig Wilbert				<small>Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=cwilbert@ckt.net,O=craw-kan tel coop,l=Girard KS 66743-0100, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Craig Wilbert					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 620-724-8235					
Study Area Code of Reporting Carrier	411818		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Rainbow Telecommunications Association, Inc.**

Signature of Authorized Officer 

Date **May 21, 2015**

Printed name of Authorized Officer **James Lednicky**

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

Telephone number of Authorized Officer: **(785) 548-7511** ext.

Study Area Code of Reporting Carrier **411820**

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

**6/16/2015**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RURAL TEL-NEX-TECH</b></p>					
<p>Signature of Authorized Officer: <b>Rhonda Goddard</b></p>				<p>Digitally signed by Rhonda Goddard DN:cn=Rhonda Goddard,email=rgoddard@nex-tech.com,O=rural tel-nex-tech,l=Lenora KS 67645-0158, Date:5/25/2015</p>	
<p>Date: <b>5/25/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Rhonda Goddard</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>785-567-4281</b></p>					
Study Area Code of Reporting Carrier	<b>411826</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">S &amp; T TEL COOP ASSN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Carolyn Somers</span></p>				<p><small>Digitally signed by Carolyn Somers DN: cn=Carolyn Somers, email=crsomers@st-tel.net, O=s &amp; t tel coop assn, l=Brewster KS 67732, Date: 5/20/2015</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Carolyn Somers</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">785-694-2256</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411827</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: S & A TEL CO INC					
Signature of Authorized Officer: Janet Bathurst				<small>Digitally signed by Janet Bathurst DN:cn=Janet Bathurst,email=jbathurst@satelephone.com,O=s &amp; a tel co inc,l=Allen KS 66833-0068, Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer: Janet Bathurst					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 620-528-3223					
Study Area Code of Reporting Carrier	411829		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">S. CENTRAL TEL - KS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Christina Hickert</b></span></p>				<p><small>Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=chickert@sctelcom.com,O=s. central tel - ks, = , Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Christina Hickert</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accounting Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-930-1082</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411831</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOUTHERN KANSAS TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">William McVey</span></p>				<p><small>Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel,l=Clearwater KS 67026-0800, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">William McVey</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-584-8337</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411833</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRI-COUNTY TEL ASSN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dale Jones</span></p>				<p><small>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=tri-county tel assn,l=Council Grove KS 66846-0299, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dale Jones</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-767-5153</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411839</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Twin Valley Telephone</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date <u>5/27/15</u>
Printed name of Authorized Officer <u>Scott Keitzer</u>			
Title or position of Authorized Officer <u>Vice President - Operations</u>			
Telephone number of Authorized Officer: <u>755-421-9554</u> ext. <u>4</u>			
Study Area Code of Reporting Carrier	<u>41840</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**

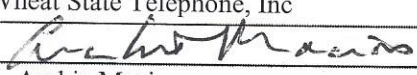
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier UNITED TELEPHONE ASSOCIATION, INC.			
Signature of Authorized Officer <i>Craig Mock</i>			Date 5/27/15
Printed name of Authorized Officer CRAIG MOCK			
Title or position of Authorized Officer GENERAL MANAGER			
Telephone number of Authorized Officer: (620) 227-8641 ext.			
Study Area Code of Reporting Carrier	411841	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WAMEGO TEL CO INC					
Signature of Authorized Officer: Jeff Wick				<small>Digitally signed by Jeff Wick DN:cn=Jeff Wick,email=jwick@wtcks.com,O=wamego tel co inc,lc= , Date:5/27/2015</small> Date: 5/27/2015	
Printed name of Authorized Officer: Jeff Wick					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 785-456-1011					
Study Area Code of Reporting Carrier	411845		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Wheat State Telephone, Inc				
Signature of Authorized Officer 			Date 5/27/2015	
Printed name of Authorized Officer Archie Macias				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (620) 782-3341 ext.				
Study Area Code of Reporting Carrier	411847	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



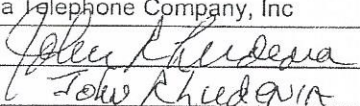
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILSON TEL CO INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Brian Boisvert</span></p>				<p><small>Digitally signed by Brian Boisvert DN:cn=Brian Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,l=Wilson KS 67490-0190, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Brian Boisvert</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO /General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">785-658-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411849</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Zenda Telephone Company, Inc	
Signature of Authorized Officer					
Printed name of Authorized Officer			Tony Khedena		
Title or position of Authorized Officer			Vice President		
Telephone number of Authorized Officer: (304) 983-8642 ext.					
Study Area Code of Reporting Carrier		411852		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TOTAH COMMUNICATIONS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Keith Watson</span></p>				<p><small>Digitally signed by Keith Watson DN:cn=Keith Watson,email=kewatson@totelcsi.com,O=totah communications,l=Ochelata OK 74051-0300, Date:5/22/2015</small></p>	
<p>Date: <span style="color: blue;">5/22/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Keith Watson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Executive VP / Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">918-535-2208</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">412030</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>BPS Tel. Co.</b></p>					
<p>Signature of Authorized Officer:      <b>Lisa Winberry</b></p>				<p>Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps tel. co.,l=Bernie MO 63822-0550, Date:5/22/2015</p>	
<p>Date:      <b>5/22/2015</b></p>					
<p>Printed name of Authorized Officer:      <b>Lisa Winberry</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>573-293-2277</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>420463</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">IAMO TEL CO - MO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jack Jones</span></p>				<p><small>Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel co - mo,l=Coin IA 51636, Date:5/20/2015</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jack Jones</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-583-3232</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421206</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CRAW-KAN TEL COOP-MO					
Signature of Authorized Officer: Craig Wilbert				<small>Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=cwilbert@ckt.net,O=craw-kan tel coop-mo,l=Girard KS 66743-0100, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Craig Wilbert					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 620-724-8235					
Study Area Code of Reporting Carrier	421759		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier

Signature of Authorized Officer

*Debrah Nolas*

Date

Printed name of Authorized Officer

Title or position of Authorized Officer

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

Study Area Code of Reporting Carrier

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALMA COMM. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Adolf Heins</span></p>				<p><small>Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma comm. co.,l=Alma MO 64001, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Adolf Heins</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">660-674-2297</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421860</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CHARITON VALLEY TEL					
Signature of Authorized Officer: James Simon				<small>Digitally signed by James Simon DN:cn=James Simon,email=jsimon@charitonvalley.com,O=chariton valley tel,l=Macon MO 63552-0067, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: James Simon					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 660-395-9634					
Study Area Code of Reporting Carrier	421864		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITIZENS TEL CO - MO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Brian Cornelius</span></p>				<p><small>Digitally signed by Brian Cornelius DN:cn=Brian Cornelius,email=blc@ctcis.net,O=citizens tel co - mo,l=Higginsville MO 64037-0737, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Brian Cornelius</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">660-584-6520</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421865</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ELLINGTON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dee McCormack</span></p>				<p><small>Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmcormack@mcmo.net,O=ellington tel co,l=Ellington MO 63638, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dee McCormack</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">573-663-2000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421874</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARBER TEL CO					
Signature of Authorized Officer: Charles Crow				<small>Digitally signed by Charles Crow DN:cn=Charles Crow,email=ccrow@ftco.net,O=farber tel co,l= , Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer: Charles Crow					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 573-249-9800					
Study Area Code of Reporting Carrier	421876		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

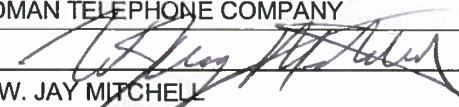
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FIDELITY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Bell</span></p>				<p><small>Digitally signed by John Bell DN:cn=John Bell,email=john.bell@fidelitycommunications.com,O=fidelity tel co, Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Bell</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO/VP - Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">573-468-1268</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421882</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Fidelity Telephone Co.			
Signature of Authorized Officer <i>Jason L. Ross</i>			Date 9/10/2015
Printed name of Authorized Officer Jason L. Ross			
Title or position of Authorized Officer General Counsel & V.P. - Legal			
Telephone number of Authorized Officer: (573) 468-1250, ext.			
Study Area Code of Reporting Carrier	421882	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 GOODMAN TELEPHONE COMPANY				
Signature of Authorized Officer 			Date MAY 22 2015	
Printed name of Authorized Officer W. JAY MITCHELL				
Title or position of Authorized Officer VICE-PRESIDENT				
Telephone number of Authorized Officer: ( ) - , ext.				
Study Area Code of Reporting Carrier	421886		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>GRANBY TEL CO - MO</b></p>					
<p>Signature of Authorized Officer:      <b>Cheri Johnson</b></p>				<p>Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - mo,l=Granby MO 64844, Date:5/15/2015</p>	
<p>Date:      <b>5/15/2015</b></p>					
<p>Printed name of Authorized Officer:      <b>Cheri Johnson</b></p>					
<p>Title or position of Authorized Officer:      <b>Corporate Secretary</b></p>					
<p>Telephone number of Authorized Officer:      <b>417-472-5513</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421887</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Grand River Mutual Telephone Corporation</b>				
Signature of Authorized Officer <i>Gregg Davis</i>			Date <b>May 19, 2015</b>	
Printed name of Authorized Officer <b>Gregg Davis</b>				
Title or position of Authorized Officer <b>President, Board of Directors</b>				
Telephone number of Authorized Officer: <b>(660) 748-3231</b> ext.				
Study Area Code of Reporting Carrier	<b>421888</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

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>GRAND RIVER MUTUAL TELEPHONE CORPORATION</u>			
Signature of Authorized Officer <u>Mark Jungberg</u>			Date <u>9-8-15</u>
Printed name of Authorized Officer <u>MARK YUNGBERG</u>			
Title or position of Authorized Officer <u>VICE PRESIDENT</u>			
Telephone number of Authorized Officer: <u>660-748-3231</u> ext.			
Study Area Code of Reporting Carrier	<u>421888</u>	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.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GREEN HILLS TEL CORP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Steve Gann</span></p>				<p><small>Digitally signed by Steve Gann DN: cn=Steve Gann, email=sgann@ghtc.com, O=green hills tel corp, l=Breckenridge MO 64625, Date: 5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Steve Gann</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">660-644-5411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421890</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHOCTAW TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Deborah Nobles</span></p>				<p>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=choctaw telephone co,l=Macclenny FL 32063-0485, Date:5/22/2015</p>	
<p>Date: <span style="color: blue;">5/22/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Deborah Nobles</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP of Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">904-259-0029</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421893</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: KLM TEL CO					
Signature of Authorized Officer: Joe Jetensky				<small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=klm tel co,l= , Date:5/21/2015</small> Date: 5/21/2015	
Printed name of Authorized Officer: Joe Jetensky					
Title or position of Authorized Officer: President/GM					
Telephone number of Authorized Officer: 402-426-6245					
Study Area Code of Reporting Carrier	421900		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: KINGDOM TELEPHONE CO					
Signature of Authorized Officer: Marla McCowan				Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mkmcowan@ktis.net,O=kingdom telephone co,l=Auxvasse MO 65231, Date:5/20/2015	
Date: 5/20/2015					
Printed name of Authorized Officer: Marla McCowan					
Title or position of Authorized Officer: Assistant Board Secretary					
Telephone number of Authorized Officer: 573-386-2241					
Study Area Code of Reporting Carrier	421901		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LE-RU TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Robert Hart</span></p>				<p><small>Digitally signed by Robert Hart DN:cn=Robert Hart,email=hartb@leru.net,O=le-ru telephone co,l=Stella MO 64867-0147, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Robert Hart</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">417-628-3844</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421908</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MCDONALD COUNTY TEL					
Signature of Authorized Officer: Ross Babbitt				<small>Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county tel,l=Pineville MO 64856-0207, Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer: Ross Babbitt					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 417-223-4313					
Study Area Code of Reporting Carrier	421912		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>MARK TWAIN RURAL TEL</b></p>					
<p>Signature of Authorized Officer:      <b>Jim Lyon</b></p>				<p>Digitally signed by Jim Lyon DN:cn=Jim Lyon,email=jlyon@marktwain.coop,O=mark twain rural tel,l=Hurdland MO 63547-0068, Date:5/15/2015</p>	
<p>Date:      <b>5/15/2015</b></p>					
<p>Printed name of Authorized Officer:      <b>Jim Lyon</b></p>					
<p>Title or position of Authorized Officer:      <b>Executive VP / General Mgr</b></p>					
<p>Telephone number of Authorized Officer:      <b>660-423-5211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421914</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: OTELCO MID-MISSOURI					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=otelco mid-missouri,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	421917		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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>Miller Telephone Company</i>				
Signature of Authorized Officer <i>John R. Rudewicz</i>			Date <i>5/26/15</i>	
Printed name of Authorized Officer <i>John Rudewicz</i>				
Title or position of Authorized Officer <i>Vice President</i>				
Telephone number of Authorized Officer: <i>304.983.8642 ext.</i>				
Study Area Code of Reporting Carrier <i>421920</i>		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Carrier Cert

Transmittal No. 1455

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW FLORENCE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Garrin Bott</span></p>				<p>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=new florence tel co,l=Rockland ID 83271, Date:5/15/2015</p>	
<p>Date: <span style="color: blue;">5/15/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Garrin Bott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-548-2345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421927</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW LONDON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Garrin Bott</span></p>				<p>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=new london tel co,l=Rockland ID 83271, Date:5/15/2015</p>	
<p>Date: <span style="color: blue;">5/15/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Garrin Bott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-548-2345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421928</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HOLWAY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Joe Jetensky</span></p>				<p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=holway tel co,l= , Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Joe Jetensky</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/GM</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-426-6245</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421929</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NE MISSOURI RURAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">James Sherburne</span></p>				<p><small>Digitally signed by James Sherburne DN: cn=James Sherburne, email=jims@nemr.net, O=ne missouri rural, l=Green City MO 63545-0098, Date: 5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">James Sherburne</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">660-874-4111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421931</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Lathrop Telephone Company</b>				
Signature of Authorized Officer <i>Gregg Davis</i>			Date <b>May 19, 2015</b>	
Printed name of Authorized Officer <b>Gregg Davis</b>				
Title or position of Authorized Officer <b>President, Board of Directors</b>				
Telephone number of Authorized Officer: <b>(660) 748-3231</b> , ext.				
Study Area Code of Reporting Carrier	<b>421932</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

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>LATHROP TELEPHONE COMPANY</u>			
Signature of Authorized Officer <u>Mark Jungeling</u>			Date <u>9-8-15</u>
Printed name of Authorized Officer <u>MARK YUNGEER</u>			
Title or position of Authorized Officer <u>VICE PRESIDENT</u>			
Telephone number of Authorized Officer: <u>660-748-3231</u> ext. _____			
Study Area Code of Reporting Carrier	<u>421932</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>Sept 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.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ORCHARD FARM TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Garrin Bott</b></p>				<p>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=orchard farm tel co,l=Rockland ID 83271, Date:5/15/2015</p>	
<p>Date:      <b>5/15/2015</b></p>					
<p>Printed name of Authorized Officer:      <b>Garrin Bott</b></p>					
<p>Title or position of Authorized Officer:      <b>President</b></p>					
<p>Telephone number of Authorized Officer:      <b>208-548-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421934</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OREGON FARMERS MUT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Wendy Ottman</span></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=ottman@ofmlive.net,O=oregon farmers mut,l=Oregon MO 64473, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Wendy Ottman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Assistant General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">660-446-3391</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421935</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PEACE VALLEY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kelly Bosserman</span></p>				<p>Digitally signed by Kelly Bosserman DN:cn=Kelly Bosserman,email=kbosserman@hotmail.com,O=peace valley tel co,l=Peace Valley MO 65788-0009, Date:5/18/2015</p>	
<p>Date: <span style="color: blue;">5/18/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Kelly Bosserman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">V.P. Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">417-277-5550</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421936</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>ROCK PORT TEL CO</b>					
Signature of Authorized Officer: <b>Rick Bradley</b>				<small>Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel co,l=Rock Port MO 64482-0147, Date:5/19/2015</small> Date: <b>5/19/2015</b>	
Printed name of Authorized Officer: <b>Rick Bradley</b>					
Title or position of Authorized Officer: <b>CFO</b>					
Telephone number of Authorized Officer: <b>660-744-5311</b>					
Study Area Code of Reporting Carrier	<b>421942</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Steelville Telephone Company</b>				
Signature of Authorized Officer <i>Donald R. Santhuff</i>			Date <b>05/21/2015</b>	
Printed name of Authorized Officer <b>Donald Santhuff</b>				
Title or position of Authorized Officer <b>General Manager</b>				
Telephone number of Authorized Officer: <b>(573) 775-2111</b> , ext. _____				
Study Area Code of Reporting Carrier <b>421949</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">STOUTLAND TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Garrin Bott</span></p>				<p>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=stoutland tel co,l=Rockland ID 83271, Date:5/15/2015</p>	
<p>Date: <span style="color: blue;">5/15/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Garrin Bott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-548-2345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421951</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LAVACA TEL CO-OK</b></p>					
<p>Signature of Authorized Officer: <b>Keith Gibson</b></p>				<p>Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ok,l=Lavaca AR 72941-0230, Date:5/26/2015</p>	
<p>Date: <b>5/26/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Keith Gibson</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>479-674-2211</b></p>					
Study Area Code of Reporting Carrier	<b>431704</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KANOKLA TEL ASSN-OK</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Greg Aldridge</span></p>				<p><small>Digitally signed by Greg Aldridge DN:cn=Greg Aldridge,email=greg@kanokla.com,O=kanokla tel assn-ok,lc=Caldwell KS 67022-0111, Date:5/19/2015</small></p>	
<p>Date: <span style="color: blue;">5/19/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Greg Aldridge</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-845-5682</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431788</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">S. CENTRAL TEL - OK</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Christina Hickert</span></p>				<p><small>Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=chickert@sctelcom.com,O=s. central tel - ok, Inc., Date: 5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Christina Hickert</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accounting Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-930-1082</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431831</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ATLAS TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Barbara Summa</b></p>				<p>Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas tel co,l=Big Cabin OK 74332-0077, Date:5/26/2015</p>	
<p>Date: <b>5/26/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Barbara Summa</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>918-783-5111</b></p>					
Study Area Code of Reporting Carrier	<b>431966</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BEGGS TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kay Mount</span></p>				<p><small>Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs tel co,l=Beggs OK 74421-0749, Date:5/20/2015</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kay Mount</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Pres. &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">918-267-3636</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431968</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

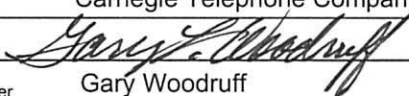
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CANADIAN VALLEY TEL					
Signature of Authorized Officer: Orlean Smith				<small>Digitally signed by Orlean Smith DN:cn=Orlean Smith,email=murphy@cvok.net,O=canadian valley tel,l=Crowder OK 74430, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Orlean Smith					
Title or position of Authorized Officer: President / Gen Manager					
Telephone number of Authorized Officer: 918-334-3700					
Study Area Code of Reporting Carrier	431974		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Carnegie Telephone Company	
Signature of Authorized Officer					
Date				05/ 19 /2015	
Printed name of Authorized Officer				Gary Woodruff	
Title or position of Authorized Officer				Vice President	
Telephone number of Authorized Officer:				(580) 654-1002 ext.	
Study Area Code of Reporting Carrier		431976		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2015	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CENTRAL OKLAHOMA TEL</b></p>					
<p>Signature of Authorized Officer: <b>Steve Guest</b></p>				<p>Digitally signed by Steve Guest DN:cn=Steve Guest,email=steve377@cotc.net,O=central oklahoma tel,l=Davenport OK 74026-0789, Date:5/26/2015</p>	
<p>Date: <b>5/26/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Steve Guest</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>918-377-2241</b></p>					
Study Area Code of Reporting Carrier	<b>431977</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHEROKEE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Samuel Sanchez</b></p>				<p>Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee tel co,l= , Date:5/27/2015</p>	
<p>Date: <b>5/27/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Samuel Sanchez</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>580-434-5375</b></p>					
Study Area Code of Reporting Carrier	<b>431979</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHICKASAW TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Larry Jones</span></p>				<p>Digitally signed by Larry Jones DN:cn=Larry Jones,email=ldjones@chickasawphone.net,O=chickasaw tel co,l=Sulphur OK 73086-0460, Date:5/20/2015</p>	
<p>Date: <span style="color: blue;">5/20/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Larry Jones</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">580-622-5223</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431980</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier	Cimarron Telephone Company			
Signature of Authorized Officer	<i>Gene Baldwin</i>		Date	05/17/2015
Printed name of Authorized Officer	Gene Baldwin			
Title or position of Authorized Officer	Executive Vice President			
Telephone number of Authorized Officer:	(918) 865-3311 ext.			
Study Area Code of Reporting Carrier	431982	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934 47 U.S.C. §§ 502 503(b) or fine or imprisonment under Title 18 of the United States Code 18 U.S.C. § 1001				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier		Cross Telephone Company		
Signature of Authorized Officer		Date 05/18/2015		
Printed name of Authorized Officer		Kim Collins		
Title or position of Authorized Officer		Assistant Secretary		
Telephone number of Authorized Officer:		(918) 463-2921, ext.		
Study Area Code of Reporting Carrier	431985	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DOBSON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Trent LeForce</span></p>				<p><small>Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=trent.leforce@dobsontechnologies.com,O=dobson tel co, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Trent LeForce</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">405-242-0336</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431988</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GRAND TEL CO INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jason Anderson</span></p>				<p><small>Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand tel co inc, =Jay OK 74346-0308, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jason Anderson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller/Co-Manager/2nd Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">918-253-4231</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431994</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HINTON TEL CO					
Signature of Authorized Officer: Kenneth Doughty				<small>Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton tel co,l=Hinton OK 73047, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Kenneth Doughty					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 405-542-3262					
Study Area Code of Reporting Carrier	431995		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MCLLOUD TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Trent LeForce</span></p>				<p><small>Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=trent.leforce@dobsontechnologies.com,O=mcloud tel co,l= , Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Trent LeForce</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">405-242-0336</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432006</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MEDICINE PARK TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Dean Pennello</b></p>				<p>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=deanp@mpelco.com,O=medicine park tel co,l=Medicine Park OK 73557, Date:5/18/2015</p>	
<p>Date: <b>5/18/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Dean Pennello</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>580-529-2700</b></p>					
Study Area Code of Reporting Carrier	<b>432008</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: OKLATEL COMM.					
Signature of Authorized Officer: Toney Prather				Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totalcom.net,O=oklatel comm.,l=De Leon TX 76444, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Toney Prather					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 254-893-1000					
Study Area Code of Reporting Carrier	432013		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OKLAHOMA WESTERN TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Pauline Van Horn</span></p>				<p>Digitally signed by Pauline Van Horn DN:cn=Pauline Van Horn,email=pvanhorn.owtc@gmail.com,O=oklahoma western tel,l=Clayton OK 74536, Date:5/27/2015</p> <p>Date: <span style="color: blue;">5/27/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Pauline Van Horn</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chairman</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">918-569-4111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432014</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINE TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Callaham</span></p>				<p><small>Digitally signed by John Callaham DN:cn=John Callaham,email=johnc@pine-net.com,O=pine telephone co,l=Broken Bow OK 74728, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Callaham</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">580-584-2100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432017</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PIONEER TEL COOP INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Richard Ruhl</span></p>				<p><small>Digitally signed by Richard Ruhl DN:cn=Richard Ruhl,email=raruhl@ptci.com,O=pioneer tel coop inc,l=Kingfisher OK 73750-0539, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Richard Ruhl</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">405-375-0191</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432018</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Pottawatomie Telephone Company	
Signature of Authorized Officer				Date 05/18/2015	
Printed name of Authorized Officer				Dan Overland	
Title or position of Authorized Officer				Vice President	
Telephone number of Authorized Officer: (405) 997-5201, ext.					
Study Area Code of Reporting Carrier		432020		Filing Due Date for this form (mm/dd/yyyy)	
				Text 015	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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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TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SALINA-SPAVINAW TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Scott Boone</span></p>				<p><small>Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel,l= , Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Scott Boone</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">918-496-8166</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432022</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHIDLER TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Lisa Patton</span></p>				<p><small>Digitally signed by Lisa Patton DN:cn=Lisa Patton,email=lisa@stinternet.net,O=shidler tel co,l=Shidler OK 74652, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Lisa Patton</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">918-793-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432023</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SW OKLAHOMA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">George Wycoff</span></p>				<p><small>Digitally signed by George Wycoff DN:cn=George Wycoff,email=swotc@swoi.net,O=sw oklahoma tel co,l=Duke OK 73532, Date:5/20/2015</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">George Wycoff</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Exec. Vice President/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">580-679-3345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432025</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TERRAL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dick Segress</span></p>				<p><small>Digitally signed by Dick Segress DN:cn=Dick Segress,email=dick@ttslinx.com,O=terral tel co,l= , Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dick Segress</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">405-602-2408</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432029</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TOTAH COMMUNICATIONS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Keith Watson</span></p>				<p><small>Digitally signed by Keith Watson DN:cn=Keith Watson,email=kewatson@totelcsi.com,O=totah communications,l=Ochelata OK 74051-0300, Date:5/22/2015</small></p>	
<p>Date: <span style="color: blue;">5/22/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Keith Watson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Executive VP / Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">918-535-2208</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432030</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VALLIANT TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tommy Dorries</span></p>				<p><small>Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant tel co,l=Valliant OK 74764, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tommy Dorries</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">580-933-4400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432032</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SANTA ROSA TEL COOP					
Signature of Authorized Officer: Jason Tole				<small>Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Jason Tole					
Title or position of Authorized Officer: Assistant GM / CFO					
Telephone number of Authorized Officer: 940-886-2014					
Study Area Code of Reporting Carrier	432141		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 TEXAS					
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 texas,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	440425		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

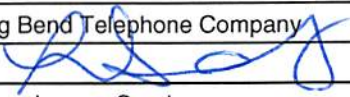
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BLOSSOM TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">C. Dorries</span></p>				<p><small>Digitally signed by C. Dorries DN:cn=C. Dorries,email=Clint@blossomtel.net,O=blossom tel co,l=Blossom TX 75416-0008, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">C. Dorries</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">903-982-5200</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442038</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Big Bend Telephone Co., Inc</u>				
Signature of Authorized Officer <u>[Signature]</u>			Date <u>5/20/15</u>	
Printed name of Authorized Officer <u>Lauren Sanders</u>				
Title or position of Authorized Officer <u>VP Commercial</u>				
Telephone number of Authorized Officer: <u>432.361.0054</u>				
Study Area Code of Reporting Carrier <u>442039</u>		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>Big Bend Telephone Company</b>			
Signature of Authorized Officer 			Date <b>9-9-15</b>
Printed name of Authorized Officer <b>Lauren Sanders</b>			
Title or position of Authorized Officer <b>VP Commercial</b>			
Telephone number of Authorized Officer: <b>(432) 364-0054</b> ext. _____			
Study Area Code of Reporting Carrier	<b>442039</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>Sept 2015</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BRAZORIA TEL CO					
Signature of Authorized Officer: Gil Rasco				<small>Digitally signed by Gil Rasco DN:cn=Gil Rasco,email=gil@btel.com,O=brazoria tel co,l=Brazoria TX 77422, Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer: Gil Rasco					
Title or position of Authorized Officer: Vice President, Operations					
Telephone number of Authorized Officer: 979-798-2121					
Study Area Code of Reporting Carrier	442040		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Brazoria Telephone Company</b>			
Signature of Authorized Officer 		Date <b>9/3/15</b>	
Printed name of Authorized Officer <b>Gil Rasco</b>			
Title or position of Authorized Officer <b>Vice President, Operations</b>			
Telephone number of Authorized Officer: <b>(979) 798-2121</b> , ext. _____			
Study Area Code of Reporting Carrier	<b>442040</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>Sept 2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

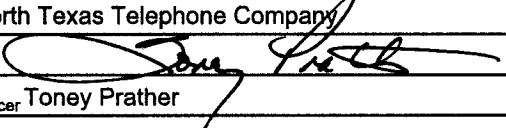
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BRAZOS TEL COOP INC					
Signature of Authorized Officer: Lonnie Rue				<small>Digitally signed by Lonnie Rue DN:cn=Lonnie Rue,email=lroe@brazosnet.com,O=brazos tel coop inc,lc=, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Lonnie Rue					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 940-873-4303					
Study Area Code of Reporting Carrier	442041		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 TEXAS TEL. CO.					
Signature of Authorized Officer: Toney Prather				Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=north texas tel. co.,l=De Leon TX 76444, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Toney Prather					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 254-893-1000					
Study Area Code of Reporting Carrier	442043		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>North Texas Telephone Company</b>			
Signature of Authorized Officer 			Date <b>September 8, 2015</b>
Printed name of Authorized Officer <b>Toney Prather</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(254) 893-4600</b> ext.			
Study Area Code of Reporting Carrier	<b>44-2043</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>Sept 2015</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAP ROCK TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jim Whitefield</span></p>				<p><small>Digitally signed by Jim Whitefield DN: cn=Jim Whitefield, email=advisory@caprock-spur.com, O=cap rock tel coop, I=Spur TX 79370-0300, Date: 5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jim Whitefield</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Executive Vice President/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">806-271-3336</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442046</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CENTRAL TEXAS CO-OP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jamey Wigley</span></p>				<p><small>Digitally signed by Jamey Wigley DN: cn=Jamey Wigley, email=jameyw@centexnet.com, O=central texas co-op, l=Goldthwaite TX 76844, Date: 5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jamey Wigley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">325-648-2237</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442052</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: COLEMAN COUNTY CO-OP					
Signature of Authorized Officer: Tim Humpert				<small>Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county co-op,l=Santa Anna TX 76878, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Tim Humpert					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 325-348-3124					
Study Area Code of Reporting Carrier	442057		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



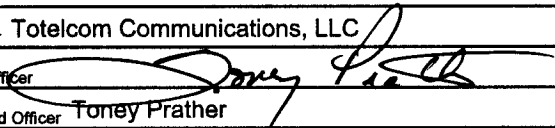
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Colorado Valley Telephone Cooperative, Inc.</b>				
Signature of Authorized Officer <i>Kelly Allison</i>				Date <b>05/26/15</b>
Printed name of Authorized Officer <b>Kelly Allison</b>				
Title or position of Authorized Officer <b>General Manager/Authorized Agent</b>				
Telephone number of Authorized Officer: <b>(979) 242-5911</b> , ext. _____				
Study Area Code of Reporting Carrier	<b>442059</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TOTELCOM COMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Toney Prather</span></p>				<p><small>Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=totelcom comm.,l=De Leon TX 76444, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Toney Prather</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">254-893-1000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442060</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Totelcom Communications, LLC</b>			
Signature of Authorized Officer 			Date <b>September 8, 2015</b>
Printed name of Authorized Officer <b>Toney Prather</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(254) 893-1000</b> ext.			
Study Area Code of Reporting Carrier	<b>44-2060</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>Sept 2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COMMUNITY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Clifford Humpert</b></p>				<p>Digitally signed by Clifford Humpert DN:cn=Clifford Humpert,email=cliffhumpert@comcell.net,O=community tel co,l=Windthorst TX 76389, Date:5/20/2015</p>	
<p>Date: <b>5/20/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Clifford Humpert</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>940-423-6201</b></p>					
Study Area Code of Reporting Carrier	<b>442061</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CUMBY TEL COOP INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Karen Zimmerman</span></p>				<p><small>Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenz@cumbytel.com,O=cumby tel coop inc,lc=Cumby TX 75433, Date:5/25/2015</small></p> <p>Date: <span style="color: blue;">5/25/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Karen Zimmerman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">903-994-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442065</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>DELL TEL. CO-OP - TX</b>					
Signature of Authorized Officer: <b>Marcy Guillen</b>				<small>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mg Guillen@dellcity.com,O=dell tel. co-op - tx,l= , Date:5/18/2015</small> Date: <b>5/18/2015</b>	
Printed name of Authorized Officer: <b>Marcy Guillen</b>					
Title or position of Authorized Officer: <b>Office Manager</b>					
Telephone number of Authorized Officer: <b>915-964-2352</b>					
Study Area Code of Reporting Carrier	<b>442066</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EASTEX TEL COOP INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Steve Alexander</span></p>				<p><small>Digitally signed by Steve Alexander DN:cn=Steve Alexander,email=steve@eastex.net,O=eastex tel coop inc,l=Henderson TX 75653-0150, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Steve Alexander</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">903-854-1121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442068</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier EASTEX TEL COOP INC.			
Signature of Authorized Officer 			Date 9/8/15
Printed name of Authorized Officer Steve Alexander			
Title or position of Authorized Officer Chief Financial Officer			
Telephone number of Authorized Officer: (903) 854-1121 ext.			
Study Area Code of Reporting Carrier	442068	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.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ELECTRA TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Deborah Nobles</span></p>				<p><small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=electra telephone co,l=Macclenny FL 32063-0485, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Deborah Nobles</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP of Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">904-259-0029</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442069</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FIVE AREA TEL CO-OP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Sandy Vandevender</span></p>				<p><small>Digitally signed by Sandy Vandevender DN: cn=Sandy Vandevender, email=sandyv@fivearea.com, O=five area tel co-op, l=Muleshoe TX 79347-0448, Date: 5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Sandy Vandevender</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">806-272-5533</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442071</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier FIVE AREA TEL CO-OP				
Signature of Authorized Officer <i>Mark Washington</i>			Date 9/08/2015	
Printed name of Authorized Officer Mark Washington				
Title or position of Authorized Officer Chief Executive Officer				
Telephone number of Authorized Officer: (806) 272-5533 ext.				
Study Area Code of Reporting Carrier	442071	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.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BORDER TO BORDER</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Curtis Hunt</span></p>				<p><small>Digitally signed by Curtis Hunt DN:cn=Curtis Hunt,email=curtis.hunt@border2border.com,O=border to border,lc= , Date: 5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Curtis Hunt</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">956-936-2000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442073</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GANADO TEL.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Bill Rakowitz</span></p>				<p><small>Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado tel.,I=Ganado TX 77962-0329, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bill Rakowitz</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">361-771-3331</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442076</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GUADALUPE VALLEY TEL					
Signature of Authorized Officer: Robert Hunt				<small>Digitally signed by Robert Hunt DN:cn=Robert Hunt,email=robert.hunt@gvtc.net,O=guadalupe valley tel,l= , Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer: Robert Hunt					
Title or position of Authorized Officer: VP-Regulatory Affairs & Bus Ops					
Telephone number of Authorized Officer: 830-885-8239					
Study Area Code of Reporting Carrier	442083		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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>Guadalupe Valley Telephone Cooperative</u>			
Signature of Authorized Officer <u>Robert A. Hunt</u>		Date <u>9/3/15</u>	
Printed name of Authorized Officer <u>Robert Hunt</u>			
Title or position of Authorized Officer <u>VP- Regulatory Affairs &amp; Bus Ops</u>			
Telephone number of Authorized Officer: <u>(830) 885-8239</u> ext. <u>      </u>			
Study Area Code of Reporting Carrier	<u>442083</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>Sept 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,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
<b>Name of Reporting Carrier</b> Hill Country Telephone Cooperative, Inc.				
<b>Signature of Authorized Officer</b> <i>Willard R Bass</i>				<b>Date</b> 5/21/2015
<b>Printed name of Authorized Officer</b> Willard R Bass				
<b>Title or position of Authorized Officer</b> Board President				
<b>Telephone number of Authorized Officer:</b> (830) 367-5333 ext.				
<b>Study Area Code of Reporting Carrier</b>	442086	<b>Filing Due Date for this form (mm/dd/yyyy)</b>	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				



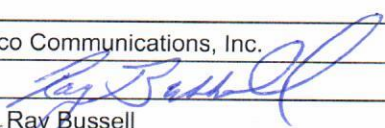
TO BE COMPLETED BY THE REPORTING CARRIER,

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 <b>Hill Country Telephone Cooperative, Inc.</b>			
Signature of Authorized Officer <i>April Hansard</i>			Date <b>9/9/15</b>
Printed name of Authorized Officer <b>April Hansard</b>			
Title or position of Authorized Officer <b>Chief Financial Officer</b>			
Telephone number of Authorized Officer: <b>(830) 367-5333</b> ext.			
Study Area Code of Reporting Carrier	<b>442086</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>Sept 2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALENCO COMMUNICATION					
Signature of Authorized Officer: Ray Bussell				<small>Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communication,l=Joshua TX 76058, Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer: Ray Bussell					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 817-447-0127					
Study Area Code of Reporting Carrier	442090		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Alenco Communications, Inc.				
Signature of Authorized Officer 				Date 09/08/2015
Printed name of Authorized Officer Ray Bussell				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (817) 447-0127 ext.				
Study Area Code of Reporting Carrier	442090	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.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ETS TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer:      <b>Von Kauffman</b></p>				<p>Digitally signed by Von Kauffman DN:cn=Von Kauffman,email=vkauffman@entouch.net,O=ets tel. co., inc., Date:5/27/2015</p>	
<p>Date:      <b>5/27/2015</b></p>					
<p>Printed name of Authorized Officer:      <b>Von Kauffman</b></p>					
<p>Title or position of Authorized Officer:      <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer:      <b>281-225-0525</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442091</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>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).</p>			
Name of Reporting Carrier <b>Industry Telephone Company</b>			
Signature of authorized officer <i>Robin Marek</i>		Date	<b>May 18, 2015</b>
Printed name of authorized officer <b>Robin Marek</b>			
Title or position of authorized officer <b>President/General Manager</b>			
Telephone number of authorized officer: <b>(979) 357-4411</b> ext.			
Study Area Code of Reporting Carrier	<b>442093</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Industry Telephone Company</b>			
Signature of Authorized Officer <i>Robin Marek</i>			Date <b>9-8-15</b>
Printed name of Authorized Officer <b>Robin Marek</b>			
Title or position of Authorized Officer <b>President/General Manager</b>			
Telephone number of Authorized Officer: <b>(979) 357-4411</b> ext.			
Study Area Code of Reporting Carrier	<b>442093</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>Sept 2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>LA WARD TEL EXCHANGE</b></p>					
<p>Signature of Authorized Officer:      <b>Terri Parker</b></p>				<p><small>Digitally signed by Terri Parker DN:cn=Terri Parker,email=terri@laward.org,O=la ward tel exchange,l=La Ward TX 77970-0246, Date:5/20/2015</small></p> <p>Date:      <b>5/20/2015</b></p>	
<p>Printed name of Authorized Officer:      <b>Terri Parker</b></p>					
<p>Title or position of Authorized Officer:      <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer:      <b>361-872-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442103</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>LIPAN TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Beth Howard</b></p>				<p><small>Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan tel co,l=Lipan TX 76462, Date:5/18/2015</small></p> <p>Date:      <b>5/18/2015</b></p>	
<p>Printed name of Authorized Officer:      <b>Beth Howard</b></p>					
<p>Title or position of Authorized Officer:      <b>Sec / Treasurer</b></p>					
<p>Telephone number of Authorized Officer:      <b>254-646-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442105</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MID-PLAINS RURAL TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Rick Hurt</span></p>				<p><small>Digitally signed by Rick Hurt DN:cn=Rick Hurt,email=rhurt@midplains.org,O=mid-plains rural tel,l=Tulia TX 79088-0300, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Rick Hurt</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">806-668-4420</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442112</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

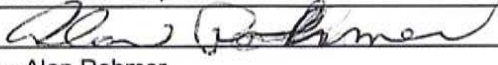
TO BE COMPLETED BY THE REPORTING CARRIER,

<p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier <b>Mid-Plains Rural Tel. Co-op. Inc.</b></p>			
<p>Signature of Authorized Officer <i>Rick Hurt</i></p>			<p>Date <b>9-8-15</b></p>
<p>Printed name of Authorized Officer <b>Rick Hurt</b></p>			
<p>Title or position of Authorized Officer <b>General Manager</b></p>			
<p>Telephone number of Authorized Officer: <b>(806) 668-4420</b> ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><b>442112</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>Sept 2015</b></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: MUESTER DBA NORTEX					
Signature of Authorized Officer: Alan Rohmer				<small>Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=muenster dba nortex,l=Muenster TX 76252, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Alan Rohmer					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 940-759-2251					
Study Area Code of Reporting Carrier	442116		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Muenster Tel. Corp. of Texas dba Nortex Communications</b>				
Signature of Authorized Officer 				Date <b>09/08/2015</b>
Printed name of Authorized Officer <b>Alan Rohmer</b>				
Title or position of Authorized Officer <b>Chief Financial Officer</b>				
Telephone number of Authorized Officer: <b>(940) 759-2251</b> ext. _____				
Study Area Code of Reporting Carrier	<b>442116</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>Sept 2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PEOPLES TEL COOP -TX</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Gena von Reyn</b></span></p>				<p><small>Digitally signed by Gena von Reyn DN:cn=Gena von Reyn,email=gena.vonreyn@peoplescom.net,O=peoples tel coop -tx,l=Quitman TX 75783, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gena von Reyn</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Regulatory Affairs Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">903-878-3172</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442130</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

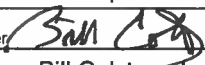
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Peoples Telephone Cooperative, Inc.				
Signature of Authorized Officer 			Date 09/08/2015	
Printed name of Authorized Officer Steven Steele				
Title or position of Authorized Officer CEO/GM				
Telephone number of Authorized Officer: (903) 878-3132 ext.				
Study Area Code of Reporting Carrier	442130		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.

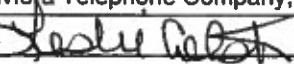
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">POKA-LAMBRO TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David McEndree</span></p>				<p><small>Digitally signed by David McEndree DN:cn=David McEndree,email=dmc@poka.com,O=poka-lambro tel coop,l=Tahoka TX 79373-1340, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David McEndree</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">806-924-7234</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442131</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Riviera Telephone Company, Inc.</b>			
Signature of Authorized Officer 			Date <b>05/20/15</b>
Printed name of Authorized Officer <b>Bill Colston, Jr.</b>			
Title or position of Authorized Officer <b>President/General Manager</b>			
Telephone number of Authorized Officer: <b>(361) 296-3232</b> ; ext. _____			
Study Area Code of Reporting Carrier	<b>442134</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Riviera Telephone Company, Inc.</b>			
Signature of Authorized Officer 			Date <b>09/09/2015</b>
Printed name of Authorized Officer <b>Leslie Colston</b>			
Title or position of Authorized Officer <b>Vice-President</b>			
Telephone number of Authorized Officer: <b>(361) 296-3232</b> ext.			
Study Area Code of Reporting Carrier	<b>442134</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>Sept 2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

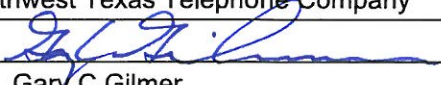
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTHWEST TEXAS TEL</b></p>					
<p>Signature of Authorized Officer: <b>Gary Gilmer</b></p>				<p>Digitally signed by Gary Gilmer DN:cn=Gary Gilmer,email=gary@swtexas.com,O=southwest texas tel,l=Rocksprings TX 78880, Date:5/15/2015</p>	
<p>Date: <b>5/15/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Gary Gilmer</b></p>					
<p>Title or position of Authorized Officer: <b>President, CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>830-683-2111</b></p>					
Study Area Code of Reporting Carrier	<b>442135</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier					Southwest Texas Telephone Company						
Signature of Authorized Officer								Date		9/9/2015	
Printed name of Authorized Officer				Gary C Gilmer							
Title or position of Authorized Officer				President							
Telephone number of Authorized Officer:				(830) 683-2111, ext.							
Study Area Code of Reporting Carrier			442135		Filing Due Date for this form (mm/dd/yyyy)			Sept 2015			
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>											

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SANTA ROSA TEL COOP					
Signature of Authorized Officer: Jason Tole				<small>Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Jason Tole					
Title or position of Authorized Officer: Assistant GM / CFO					
Telephone number of Authorized Officer: 940-886-2014					
Study Area Code of Reporting Carrier	442141		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOUTH PLAINS TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Scotty Hart</span></p>				<p><small>Digitally signed by Scotty Hart DN:cn=Scotty Hart,email=scotthart@sptc.net,O=south plains tel,l=Lubbock TX 79408-1379, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Scotty Hart</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO / General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">806-763-2301</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442143</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					


TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TATUM TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Deborah Nobles</span></p>				<p><small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=tatum tel co,l=Macclenny FL 32063-0485, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Deborah Nobles</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP of Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">904-259-0029</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442150</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TAYLOR TEL CO-OP INC					
Signature of Authorized Officer: Steve Singletary				Digitally signed by Steve Singletary DN:cn=Steve Singletary,email=steves@taylortel.net,O=taylor tel co-op inc,l=Merkel TX 79536, Date:5/15/2015 Date: 5/15/2015	
Printed name of Authorized Officer: Steve Singletary					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 325-846-4111					
Study Area Code of Reporting Carrier	442151		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Valley Telephone Cooperative Inc.</b>			
Signature of Authorized Officer 			Date <b>05/25/2015</b>
Printed name of Authorized Officer <b>Dave Osborn</b>			
Title or position of Authorized Officer <b>CEO</b>			
Telephone number of Authorized Officer: <b>(956) 642-1124</b> ext.			
Study Area Code of Reporting Carrier	<b>442159</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WEST TEXAS RURAL TEL					
Signature of Authorized Officer: Amy Linzey				Digitally signed by Amy Linzey DN:cn=Amy Linzey,email=amylinzey@wtrt.net,O=west texas rural tel,l=Hereford TX 79045, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Amy Linzey					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 806-364-3331					
Study Area Code of Reporting Carrier	442166		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WES-TEX TEL CO-OP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">James Wilson</span></p>				<p><small>Digitally signed by James Wilson DN: cn=James Wilson, email=jamesbobwilson@aol.com, O=wes-tex tel co-op, l=Stanton TX 79782, Date: 5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">James Wilson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Executive Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">432-756-3393</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442168</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">XIT RURAL TEL CO-OP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Darrell Dennis</span></p>				<p>Digitally signed by Darrell Dennis DN:cn=Darrell Dennis,email=ddennis@xitcomm.net,O=xit rural tel co-op,l=Dalhart TX 79022, Date:5/22/2015</p>	
<p>Date: <span style="color: blue;">5/22/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Darrell Dennis</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">806-384-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442170</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>XIT Rural Telephone Cooperative Inc</u>			
Signature of Authorized Officer <u>Darrell F. Dennis</u>			Date <u>9-8-2015</u>
Printed name of Authorized Officer <u>Darrell F. Dennis</u>			
Title or position of Authorized Officer <u>General Manager</u>			
Telephone number of Authorized Officer: <u>(806) 324-3311</u> ext.			
Study Area Code of Reporting Carrier	<u>442170</u>	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.			

442262

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **ENMR Telephone Cooperative - TX**

Signature of Authorized Officer 

Date **05-26-2015**

Printed name of Authorized Officer **David J. Robinson**

Title or position of Authorized Officer **Chief Financial Officer/Assistant CEO**

Telephone number of Authorized Officer: **(575) 389-5100**, ext.

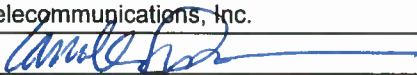
Study Area Code of Reporting Carrier **442262**

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

**6/16/2015**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Hopi Telecommunications, Inc.</b>			
Signature of Authorized Officer 		Date <b>5/18/2015</b>	
Printed name of Authorized Officer <b>Carroll Onsae</b>			
Title or position of Authorized Officer <b>General Manager and President</b>			
Telephone number of Authorized Officer: <b>(928) 522-8428 ext.</b>			
Study Area Code of Reporting Carrier	<b>450815</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SAN CARLOS APACHE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Shirley Ortiz</span></p>				<p><small>Digitally signed by Shirley Ortiz DN:cn=Shirley Ortiz,email=shirley.ortiz@scatui.com,O=san carlos apache,I=Peridot AZ 85542, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Shirley Ortiz</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">928-475-7058</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">452169</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
<b>Name of Reporting Carrier</b> <span style="float: right;">Tohono O'odham Utility Authority</span>				
<b>Signature of Authorized Officer</b> <span style="float: right;"><i>Harriet Toro</i></span>				<b>Date</b> <span style="float: right;">May 22, 2015</span>
<b>Printed name of Authorized Officer</b> <span style="float: right;">Harriet Toro</span>				
<b>Title or position of Authorized Officer</b> <span style="float: right;">Chairwoman</span>				
<b>Telephone number of Authorized Officer:</b> <span style="float: right;">(520) 383-2236 ext.</span>				
<b>Study Area Code of Reporting Carrier</b>	<b>452173</b>	<b>Filing Due Date for this form</b> (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				



TO BE COMPLETED BY THE REPORTING CARRIER.

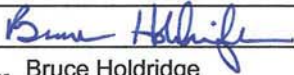
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VALLEY TEL COOP-AZ					
Signature of Authorized Officer: Steven Metts				<small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop-az,l=Willcox AZ 85644, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Steven Metts					
Title or position of Authorized Officer: CEO / General Manager					
Telephone number of Authorized Officer: 520-384-2231					
Study Area Code of Reporting Carrier	452176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Gila River Telecommunications, Inc.

Signature of Authorized Officer  Date May 26, 2015

Printed name of Authorized Officer Bruce Holdridge

Title or position of Authorized Officer General Manager

Telephone number of Authorized Officer: (520) 796-3333 ext.

Study Area Code of Reporting Carrier	452179	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.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ACCIPITER DBA ZONA</b></p>					
<p>Signature of Authorized Officer:      <b>Jennifer Vellucci</b></p>				<p>Digitally signed by Jennifer Vellucci DN:cn=Jennifer Vellucci,email=jvellucci@teamzona.com,O=accipiter dba zona, Date:5/15/2015</p>	
<p>Date:      <b>5/15/2015</b></p>					
<p>Printed name of Authorized Officer:      <b>Jennifer Vellucci</b></p>					
<p>Title or position of Authorized Officer:      <b>Vice President/CFO</b></p>					
<p>Telephone number of Authorized Officer:      <b>623-455-4500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>452191</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FORT MOJAVE TEL, INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Linda Gutierrez</span></p>				<p><small>Digitally signed by Linda Gutierrez DN:cn=Linda Gutierrez,email=linfnti@ftmojave.net,O=fort mojave tel, inc, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Linda Gutierrez</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">928-346-2521</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">452200</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

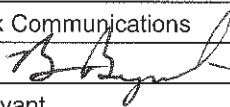
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDVALE-AZ</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Stuart</span></p>				<p><small>Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtcom.com,O=midvale-az,I=M idvale ID 83645, Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Stuart</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-355-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">452226</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier <b>Table Top Telephone Company, Inc.</b>				
Signature of Authorized Officer <i>Kristann Mattes</i>			Date <b>5-21-2015</b>	
Printed name of Authorized Officer <b>Kristann Mattes</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(559) 868-6346</b> , ext.				
Study Area Code of Reporting Carrier	<b>453334</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Saddleback Communications				
Signature of Authorized Officer 			Date 5-18-15	
Printed name of Authorized Officer Bill Bryant				
Title or position of Authorized Officer President/General Manager				
Telephone number of Authorized Officer: (480) 362-7001, ext.				
Study Area Code of Reporting Carrier	457991	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">AGATE MUTUAL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Amy Noah</span></p>				<p><small>Digitally signed by Amy Noah DN:cn=Amy Noah,email=amtca@amtca.net,O=agate mutual tel co,l=Agate CO 80101-0038, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Amy Noah</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">719-764-2578</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462178</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BIJOU TEL COOP ASSOC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Brian Creveling</span></p>				<p><small>Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel coop assoc,l= , Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Brian Creveling</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">303-822-5400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462181</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BLANCA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Alan Wehe</span></p>				<p><small>Digitally signed by Alan Wehe DN:cn=Alan Wehe,email=alanwehe@gojade.org,O=blanca tel co,l=Alamosa CO 81101, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Alan Wehe</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">719-379-3839</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462182</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: EASTERN SLOPE RURAL</p>					
<p>Signature of Authorized Officer: Patricia White</p>				<p>Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.coop,O=eastern slope rural,l=Hugo CO 80821-0397, Date:5/15/2015</p>	
<p>Date: 5/15/2015</p>					
<p>Printed name of Authorized Officer: Patricia White</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 719-743-2441</p>					
Study Area Code of Reporting Carrier	462186		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.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FARMERS TEL CO - CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Douglas Pace</span></p>				<p><small>Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dp@ftitel.net,O=farmers tel co - co,l=Pleasant View CO 81331-0369, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Douglas Pace</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">970-562-0058</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462188</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAXTUN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Deborah Nobles</span></p>				<p><small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=haxtun tel co,l=Macclenny FL 32063-0485, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Deborah Nobles</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP of Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">904-259-0029</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462190</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>NUCLA-NATURITA TEL</b>					
Signature of Authorized Officer: <b>Kelly Tomlinson</b>				<small>Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=kelly@nntc.bz,O=nucula-naturita tel,l=Nucula CO 81424, Date:5/22/2015</small> Date: <b>5/22/2015</b>	
Printed name of Authorized Officer: <b>Kelly Tomlinson</b>					
Title or position of Authorized Officer: <b>Secretary-Treasurer</b>					
Telephone number of Authorized Officer: <b>970-864-7335</b>					
Study Area Code of Reporting Carrier	<b>462193</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NUNN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Greg Grablander</span></p>				<p><small>Digitally signed by Greg Grablander DN:cn=Greg Grablander,email=greg@ezlink.com,O=nunn tel co,l=Nunn CO 80648, Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Greg Grablander</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">970-897-2200</span></p>					
Study Area Code of Reporting Carrier	462194		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOUTH PARK TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Shipley</span></p>				<p><small>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@usch.com,O=south park tel. co.,l=Colorado City CO 81019-0166, Date:5/16/2015</small></p> <p>Date: <span style="color: blue;">5/16/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Shipley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">719-676-4151</span></p>					
Study Area Code of Reporting Carrier	<span style="color: blue;">462195</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PEETZ COOP TEL CO					
Signature of Authorized Officer: Kathy Glassburn				Digitally signed by Kathy Glassburn DN:cn=Kathy Glassburn,email=peetztel@peetzplace.com,O=peetz coop tel co,l=Peetz CO 80747, Date:5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Kathy Glassburn					
Title or position of Authorized Officer: Office Manager					
Telephone number of Authorized Officer: 970-334-2220					
Study Area Code of Reporting Carrier	462196		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PHILLIPS COUNTY TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Vincent Kropp</span></p>				<p><small>Digitally signed by Vincent Kropp DN: cn=Vincent Kropp, email=vince.kropp@pctelcom.org, O=phillips county tel, l=Holyoke CO 80734, Date: 5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Vincent Kropp</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">970-854-2201</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462197</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINE DRIVE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Matthew Sellers</span></p>				<p><small>Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel co,l=Beulah CO 81023, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Matthew Sellers</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">719-485-3400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462198</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PLAINS COOP TEL ASSN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">D. Felty</span></p>				<p><small>Digitally signed by D. Felty DN:cn=D. Felty,email=dkfelty@plainstel.com,O=plains coop tel assn, =Joes CO 80822, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">D. Felty</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">970-358-4211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462199</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RICO TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Douglas Pace</span></p>				<p><small>Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dp@ftitel.net,O=rco tel co,l=Pleasant View CO 81331-0369, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Douglas Pace</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">970-562-0058</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462201</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROGGEN TEL COOP CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Peggy Manino</span></p>				<p><small>Digitally signed by Peggy Manino DN:cn=Peggy Manino,email=pmanino@rtebb.net,O=roggen tel coop co,l=Roggen CO 80652-0100, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Peggy Manino</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">303-849-5260</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462202</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RYE TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Shipley</span></p>				<p><small>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=rye telephone co,l=Colorado City CO 81019-0166, Date:5/16/2015</small></p> <p>Date: <span style="color: blue;">5/16/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Shipley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">719-676-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462203</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">STONEHAM COOP TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Taya Northrup</span></p>				<p><small>Digitally signed by Taya Northrup DN:cn=Taya Northrup,email=stoneham.telephone@yahoo.com,O=stoneham coop tel co,l=Stoneham CO 80754, Date:5/16/2015</small></p> <p>Date: <span style="color: blue;">5/16/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Taya Northrup</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">970-735-2251</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462206</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Wiggins Telephone Association				
Signature of Authorized Officer <i>Terry Hendrickson</i>			Date 5/21/15	
Printed name of Authorized Officer Terry Hendrickson				
Title or position of Authorized Officer CEO/GM				
Telephone number of Authorized Officer: (970) 483-7343 ext.				
Study Area Code of Reporting Carrier	462209	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILLARD TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Aimee Dollerschell</span></p>				<p><small>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel co,l= , Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Aimee Dollerschell</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">970-228-4571</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462210</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALBION TEL CO-ATC</b></p>					
<p>Signature of Authorized Officer: <b>Rich Redman</b></p>				<p>Digitally signed by Rich Redman DN:cn=Rich Redman,email=rich@atcnet.net,O=albion tel co-atc,l=Albion ID 83311, Date:5/17/2015</p>	
<p>Date: <b>5/17/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Rich Redman</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>208-673-5335</b></p>					
Study Area Code of Reporting Carrier	<b>472213</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAMBRIDGE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kristie Kanady</span></p>				<p><small>Digitally signed by Kristie Kanady DN:cn=Kristie Kanady,email=kkanady@ctctele.com,O=cambridge tel co,l=Cambridge ID 83610, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kristie Kanady</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Billing Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-257-3314</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472215</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Custer Telephone Cooperative, Inc.				
Signature of Authorized Officer 			Date May 26, 2015	
Printed name of Authorized Officer Clayton R Severe				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (208) 879-2281, ext.				
Study Area Code of Reporting Carrier	472218		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FILER MUTUAL TEL -ID					
Signature of Authorized Officer: Steve Cowger				<small>Digitally signed by Steve Cowger DN: cn=Steve Cowger, email=stevec@filertel.com, O=filer mutual tel -id, l=Filer ID 83328, Date: 5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer: Steve Cowger					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 208-326-4339					
Study Area Code of Reporting Carrier	472220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FARMERS MUTUAL TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Daniel Greig</span></p>				<p><small>Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmtc.com,O=farmers mutual tel,l=Fruitland ID 83619, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Daniel Greig</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-452-3100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472221</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">Fremont Telcom</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Stacey Mueller</span></p>				<p><small>Digitally signed by Stacey Mueller DN:cn=Stacey Mueller,email=smueller@blackfoot.com,O=fremont telecom,l= , Date: 5/26/2015</small></p>	
<p>Date: <span style="color: blue;">5/26/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Stacey Mueller</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-541-5424</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472222</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDVALE TEL EXCH INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Stuart</span></p>				<p><small>Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtcom.com,O=midvale tel exch inc,l=Midvale ID 83645, Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Stuart</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-355-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472226</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

472227

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Mud Lake Telephone Cooperative Association, Inc.</b>			
Signature of Authorized Officer <i>Justin Petersen</i>		Date <b>05/26/2015</b>	
Printed name of Authorized Officer <b>Justin Petersen</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(208) 374-5401</b> ext.			
Study Area Code of Reporting Carrier	<b>472227</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>5/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PROJECT MUTUAL TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Rick Harder</span></p>				<p><small>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel,lc=US, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Rick Harder</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-434-7124</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472231</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DIRECT COMM-ROCKLAND</b></p>					
<p>Signature of Authorized Officer: <b>Leonard May</b></p>				<p>Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland,l=Rockland ID 83271, Date:5/15/2015</p>	
<p>Date: <b>5/15/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Leonard May</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>208-548-2345</b></p>					
Study Area Code of Reporting Carrier	<b>472232</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Rural Telephone Company - ID**

Signature of Authorized Officer



Date **05/26/2015**

Printed name of Authorized Officer **Michael J. Martell**

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

Telephone number of Authorized Officer: **(208) 366-2614**, ext.

Study Area Code of Reporting Carrier

**472233**

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

**6/16/2015**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SILVER STAR TEL- ID</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jefferson England</span></p>				<p>Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel-id, =Freedom WY 83120, Date:5/27/2015</p>	
<p>Date: <span style="color: blue;">5/27/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jefferson England</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">307-883-6675</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472295</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: INLAND TEL-ID					
Signature of Authorized Officer: James Brooks				Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel-id,l=Roslyn WA 98941, Date:5/20/2015	
Date: 5/20/2015					
Printed name of Authorized Officer: James Brooks					
Title or position of Authorized Officer: Treasurer/Controller/Reg. Manager					
Telephone number of Authorized Officer: 509-649-2211					
Study Area Code of Reporting Carrier	472423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BLACKFOOT TEL - BTC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Stacey Mueller</span></p>				<p><small>Digitally signed by Stacey Mueller DN:cn=Stacey Mueller,email=smueller@blackfoot.com,O=blackfoot tel - btc, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Stacey Mueller</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-541-5424</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482235</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>HOT SPRINGS TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Kathe Johnson</b></p>				<p>Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe_ann@yahoo.com,O=hot springs tel co,l=Missoula MT 59808, Date:5/20/2015</p>	
<p>Date:      <b>5/20/2015</b></p>					
<p>Printed name of Authorized Officer:      <b>Kathe Johnson</b></p>					
<p>Title or position of Authorized Officer:      <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer:      <b>406-721-0846</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>482241</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				InterBel Telephone Cooperative, Inc.	
Signature of Authorized Officer			Date 05/22/15		
Printed name of Authorized Officer			Randy L Wilson		
Title or position of Authorized Officer			CEO General Manager		
Telephone number of Authorized Officer: (406) 889-3311 ext.					
Study Area Code of Reporting Carrier		482242	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLN TEL CO INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Ken Lumpkin</span></p>				<p><small>Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@linctel.net,O=lincoln tel co inc,lc= , Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Ken Lumpkin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager / Secretary / Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-362-4216</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482244</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Mid-Rivers Telephone Cooperative, Inc.				
Signature of Authorized Officer 				Date 05/19/15
Printed name of Authorized Officer Alan Sevier				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (406) 485-3301 ext.				
Study Area Code of Reporting Carrier	482246	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NEMONT TEL COOP-MT					
Signature of Authorized Officer: Remi Sun				<small>Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop-mt,l=Scobey MT 59263-0600, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Remi Sun					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 406-783-2358					
Study Area Code of Reporting Carrier	482247		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTHERN TEL COOP					
Signature of Authorized Officer: Mike Sheard				<small>Digitally signed by Mike Sheard DN:cn=Mike Sheard,email=accounting@northerntel.net,O=northern tel coop,l=Sunburst MT 59482, Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer: Mike Sheard					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 406-937-9661					
Study Area Code of Reporting Carrier	482248		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PROJECT TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Remi Sun</span></p>				<p><small>Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=project tel co,l=Scobey MT 59263-0600, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Remi Sun</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-783-2358</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482250</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>RANGE TEL COOP-MT</b></p>					
<p>Signature of Authorized Officer:      <b>Mike Dolezal</b></p>				<p><small>Digitally signed by Mike Dolezal DN:cn=Mike Dolezal,email=mike.dolezal@rangetel.coop,O=range tel coop-mt,l=Forsyth MT 59327, Date:5/22/2015</small></p>	
<p>Date:      <b>5/22/2015</b></p>					
<p>Printed name of Authorized Officer:      <b>Mike Dolezal</b></p>					
<p>Title or position of Authorized Officer:      <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer:      <b>406-347-2226</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>482251</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SOUTHERN MONTANA TEL					
Signature of Authorized Officer: Larry Mason				Digitally signed by Larry Mason DN:cn=Larry Mason,email=LMason@SMTel.com,O=southern montana tel,l=Wisdom MT 59761, Date:5/21/2015 Date: 5/21/2015	
Printed name of Authorized Officer: Larry Mason					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 406-689-3333					
Study Area Code of Reporting Carrier	482254		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">3-RIVERS TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bradley Veis</span></p>				<p><small>Digitally signed by Bradley Veis DN:cn=Bradley Veis,email=brad.veis@3rivers.coop,O=3-rivers tel coop,l=Fairfield MT 59436-0429, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bradley Veis</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Director of Finance/CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-467-4405</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482255</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRIANGLE TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Richard Stevens</span></p>				<p><small>Digitally signed by Richard Stevens DN:cn=Richard Stevens,email=rstevens@itstriangle.net,O=triangle tel coop,l=Havre MT 59501-1220, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Richard Stevens</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-394-2000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482257</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BLACKFOOT TEL - CFT					
Signature of Authorized Officer: Stacey Mueller				Digitally signed by Stacey Mueller DN:cn=Stacey Mueller,email=smueller@blackfoot.com,O=blackfoot tel - cft,l= , Date:5/26/2015	
Date: 5/26/2015					
Printed name of Authorized Officer: Stacey Mueller					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 406-541-5424					
Study Area Code of Reporting Carrier	483308		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CENTRAL MONTANA</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Richard Stevens</span></p>				<p><small>Digitally signed by Richard Stevens DN:cn=Richard Stevens,email=rstevens@itstriangle.net,O=central montana,l=Havre MT 59501-1220, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Richard Stevens</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-394-2000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">483310</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MESCALERO APACHE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Godfrey Enjady</span></p>				<p><small>Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache,I=Mescalero NM 88340, Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Godfrey Enjady</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">505-795-5555</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">491231</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>DELL TEL CO-OP - NM</b>					
Signature of Authorized Officer: <b>Marcy Guillen</b>				Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mg Guillen@delcity.com,O=del tel co-op - nm,l= , Date:5/21/2015	
Date: <b>5/21/2015</b>					
Printed name of Authorized Officer: <b>Marcy Guillen</b>					
Title or position of Authorized Officer: <b>Office Manager</b>					
Telephone number of Authorized Officer: <b>915-964-2352</b>					
Study Area Code of Reporting Carrier	<b>492066</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VALLEY TEL COOP - NM					
Signature of Authorized Officer: Steven Metts				<small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop - nm,l=Willcox AZ 85644, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Steven Metts					
Title or position of Authorized Officer: CEO / General Manager					
Telephone number of Authorized Officer: 520-384-2231					
Study Area Code of Reporting Carrier	492176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



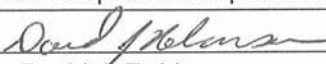
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BACA VALLEY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Peggy Briesh</span></p>				<p><small>Digitally signed by Peggy Briesh DN:cn=Peggy Briesh,email=bvtpb@bacavalley.com,O=baca valley tel co,l=Des Moines NM 88418-0067, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Peggy Briesh</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Assistant Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-278-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492259</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier					ENMR Telephone Cooperative - NM						
Signature of Authorized Officer								Date		05-26-2015	
Printed name of Authorized Officer				David J. Robinson							
Title or position of Authorized Officer				Chief Financial Officer/Assistant CEO							
Telephone number of Authorized Officer:				(575) 389-5100 ext.							
Study Area Code of Reporting Carrier			492262		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.											

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA JICARITA RURAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Danny Gray</span></p>				<p><small>Digitally signed by Danny Gray DN:cn=Danny Gray,email=dgray@lajicarita.com,O=la jicarita rural,I=Mora NM 87732-0269, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Danny Gray</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-387-2216</span></p>					
Study Area Code of Reporting Carrier	492263		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LEACO RURAL TEL COOP					
Signature of Authorized Officer: Dale Snider				<small>Digitally signed by Dale Snider DN:cn=Dale Snider,email=dsnider@leaco.org,O=leaco rural tel coop,lc=, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Dale Snider					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 575-433-4301					
Study Area Code of Reporting Carrier	492264		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: Tularosa Basin Tel.					
Signature of Authorized Officer: Joshua Beug				Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbt.net,O=tularosa basin tel.,l= , Date: 5/20/2015	
Date: 5/20/2015					
Printed name of Authorized Officer: Joshua Beug					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 575-585-0125					
Study Area Code of Reporting Carrier	492265		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WESTERN NEW MEXICO					
Signature of Authorized Officer: John Francis				<small>Digitally signed by John Francis DN:cn=John Francis,email=jfrancis@wnmt.com,O=western new mexico,l=Silver City NM 88061, Date:5/27/2015</small> Date: 5/27/2015	
Printed name of Authorized Officer: John Francis					
Title or position of Authorized Officer: Exec. Vice President					
Telephone number of Authorized Officer: 575-535-2230					
Study Area Code of Reporting Carrier	492268		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PENASCO VALLEY TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kevin Bartley</span></p>				<p><small>Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel,= , Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kevin Bartley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-748-1241</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492270</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROOSEVELT CNTY RURAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Cecile Archibeque</span></p>				<p><small>Digitally signed by Cecile Archibeque DN: cn=Cecile Archibeque, email=cecile@yuccatelecom.com, O=roosevelt cnty rural, j=Portales NM 88130-0867, Date: 5/20/2015</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Cecile Archibeque</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/EO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-226-2255</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492272</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SACRED WIND					
Signature of Authorized Officer: John Badal				<small>Digitally signed by John Badal DN:cn=John Badal,email=jbadal@sacred-wind.com,O=sacred wind,l= , Date:5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer: John Badal					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 505-821-5080					
Study Area Code of Reporting Carrier	493403		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DIRECTCOMM-CEDAR VAL</b></p>					
<p>Signature of Authorized Officer: <b>Kip Wilson</b></p>				<p>Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=directcomm-cedar val,l=Rockland ID 83271, Date:5/15/2015</p>	
<p>Date: <b>5/15/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Kip Wilson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>208-548-2345</b></p>					
Study Area Code of Reporting Carrier	<b>500758</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CENTRAL UTAH TEL INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mike Plows</span></p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc, Date:5/15/2015</p>	
<p>Date: <span style="color: blue;">5/15/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Mike Plows</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">425-275-1013</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">502277</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GUNNISON TEL CO					
Signature of Authorized Officer: Natalie Gleave				Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel co,l=Gunnison UT 84634, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Natalie Gleave					
Title or position of Authorized Officer: Controller/Director					
Telephone number of Authorized Officer: 435-528-7236					
Study Area Code of Reporting Carrier	502279		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>MANTI TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Dallas Cox</b></p>				<p>Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti tel co,l= , Date:5/26/2015</p>	
<p>Date:      <b>5/26/2015</b></p>					
<p>Printed name of Authorized Officer:      <b>Dallas Cox</b></p>					
<p>Title or position of Authorized Officer:      <b>Vice President and General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>435-835-3391</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502282</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SKYLINE TELECOM					
Signature of Authorized Officer: Mike Plows				Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,lc=, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Mike Plows					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 425-275-1013					
Study Area Code of Reporting Carrier	502283		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 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: BEEHIVE TEL CO - UT</p>					
<p>Signature of Authorized Officer: Jacob Warner</p>				<p>Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive tel co - ut,l=, Date:5/19/2015</p>	
<p>Date: 5/19/2015</p>					
<p>Printed name of Authorized Officer: Jacob Warner</p>					
<p>Title or position of Authorized Officer: President/General Manager</p>					
<p>Telephone number of Authorized Officer: 435-837-6000</p>					
Study Area Code of Reporting Carrier	502284		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or 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 CENTRAL UTAH					
Signature of Authorized Officer: Michael East				<small>Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah,lc=US, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Michael East					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 435-826-4211					
Study Area Code of Reporting Carrier	502286		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UBTA-UBET/STRATA</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Karl Searle</span></p>				<p>Digitally signed by Karl Searle DN:cn=Karl Searle,email=ksearle@stratanetworks.com,O=ubta-ubet/s trata,l=Roosevelt UT 84066, Date:5/26/2015</p>	
<p>Date: <span style="color: blue;">5/26/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Karl Searle</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">435-622-5472</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">502287</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALL WEST COMM-UT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jenny Prescott</span></p>				<p><small>Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,l=Kamas UT 84036, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jenny Prescott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP Customer Service &amp; Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">435-783-4913</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">502288</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BEAR LAKE COMM</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mike Plows</span></p>				<p><small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake comm,lc=, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mike Plows</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">425-275-1013</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">503032</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: RANGE TEL COOP - WY					
Signature of Authorized Officer: Mike Dolezal				<small>Digitally signed by Mike Dolezal DN:cn=Mike Dolezal,email=mike.dolezal@rangetel.coop,O=range tel coop - wy,l=Forsyth MT 59327, Date:5/22/2015</small> Date: 5/22/2015	
Printed name of Authorized Officer: Mike Dolezal					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 406-347-2226					
Study Area Code of Reporting Carrier	512251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

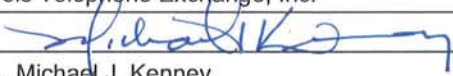
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHUGWATER TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">James Moberly</span></p>				<p><small>Digitally signed by James Moberly DN:cn=James Moberly,email=jmoberly@mwtdcorp.net,O=chugwater tel co,l=Chugwater WY 82210, Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">James Moberly</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">307-422-3535</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">512289</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ALL WEST COMM.-WY</p>					
<p>Signature of Authorized Officer: Jenny Prescott</p>				<p>Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm.-wy,l=Kamas UT 84036, Date:5/26/2015</p>	
<p>Date: 5/26/2015</p>					
<p>Printed name of Authorized Officer: Jenny Prescott</p>					
<p>Title or position of Authorized Officer: VP Customer Service &amp; Finance</p>					
<p>Telephone number of Authorized Officer: 435-783-4913</p>					
Study Area Code of Reporting Carrier	512290		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 Dubois Telephone Exchange, Inc.			
Signature of Authorized Officer 			Date 5/20/15
Printed name of Authorized Officer Michael J. Kenney			
Title or position of Authorized Officer Vice President/General Manager			
Telephone number of Authorized Officer: (307) 455-2341 ext.			
Study Area Code of Reporting Carrier	512291	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SILVER STAR TEL-WY</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jefferson England</span></p>				<p>Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel-wy,l=Freedom WY 83120, Date:5/27/2015</p>	
<p>Date: <span style="color: blue;">5/27/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jefferson England</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">307-883-6675</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">512295</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WESTGATE dba WEAVTEL					
Signature of Authorized Officer: Richard Weaver				<small>Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=rick@weavnet.com,O=westgate dba weavtel,l=Chelan WA 98816, Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer: Richard Weaver					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 509-682-5556					
Study Area Code of Reporting Carrier	520580		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SKYLINE TELECOM CO.					
Signature of Authorized Officer: Delinda Kluser				Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=skyline telecom co.,l=Mt. Vernon OR 97865-0609, Date:5/19/2015	
Date: 5/19/2015					
Printed name of Authorized Officer: Delinda Kluser					
Title or position of Authorized Officer: Vice President, Manager					
Telephone number of Authorized Officer: 541-932-4411					
Study Area Code of Reporting Carrier	520581		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HAT ISLAND TEL CO					
Signature of Authorized Officer: Bruce Russell				<small>Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=bruce.russell@whidbeytel.com,O=hat island tel co, = , Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Bruce Russell					
Title or position of Authorized Officer: Chief Operating Officer					
Telephone number of Authorized Officer: 360-321-0086					
Study Area Code of Reporting Carrier	522417		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Pend Oreille Telephone Company

Signature of Authorized Officer: 

Date: 05/26/2015

Printed name of Authorized Officer: Michael J. Martell

Title or position of Authorized Officer: Vice-President

Telephone number of Authorized Officer: (208) 366-2614 ext.         

Study Area Code of Reporting Carrier: 522418

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HOOD CANAL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Richard Buechel</span></p>				<p><small>Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal tel co,l=Union WA 98592, Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Richard Buechel</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">360-898-2481</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522419</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: INLAND TEL CO -WA					
Signature of Authorized Officer: James Brooks				Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel co -wa,l=Roslyn WA 98941, Date:5/20/2015	
Date: 5/20/2015					
Printed name of Authorized Officer: James Brooks					
Title or position of Authorized Officer: Treasurer/Controller/Reg. Manager					
Telephone number of Authorized Officer: 509-649-2211					
Study Area Code of Reporting Carrier	522423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KALAMA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Rick Vitzthum</span></p>				<p><small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama tel co,l=Tenino WA 98589, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Rick Vitzthum</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">360-264-3155</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522426</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

**TO BE COMPLETED BY THE REPORTING CARRIER,**

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

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

Name of Reporting Carrier

Signature of Authorized Officer

Date

Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number of Authorized Officer: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_ , ext. \_ \_ \_ \_ \_

Study Area Code of Reporting Carrier

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

6/16/2015

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



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Pioneer Telephone Company**

Signature of Authorized Officer



Date **5/15/2015**

Printed name of Authorized Officer **Durand Cox**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **609-549-3511** ext.

Study Area Code of Reporting Carrier

**522437**

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

**6/16/2015**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ST. JOHN TEL.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gregory Morasch</span></p>				<p><small>Digitally signed by Gregory Morasch DN:cn=Gregory Morasch,email=gmorasch@stjohncable.com,O=st. john tel.,l=St. John WA 99171, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gregory Morasch</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">509-648-3322</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522442</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

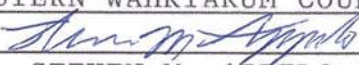
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TENINO TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Rick Vitzthum</span></p>				<p><small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino telephone co,l=Tenino WA 98589, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Rick Vitzthum</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">360-264-3155</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522446</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TOLEDO TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Philip Cappalonga</span></p>				<p><small>Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co,l= , Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Philip Cappalonga</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">360-864-2004</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522447</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

522451

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier WESTERN WAHIAKUM COUNTY TELEPHONE COMPANY			
Signature of Authorized Officer 		Date 5/21/2015	
Printed name of Authorized Officer STEVEN M. APPELO			
Title or position of Authorized Officer PRESIDENT			
Telephone number of Authorized Officer: 360 465-2211, ext.			
Study Area Code of Reporting Carrier	522451	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WHIDBEY TEL CO.					
Signature of Authorized Officer: Bruce Russell				<small>Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=bruce.russell@whidbeytel.com,O=whidbey tel co.,l= , Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Bruce Russell					
Title or position of Authorized Officer: Chief Operating Officer					
Telephone number of Authorized Officer: 360-321-0086					
Study Area Code of Reporting Carrier	522452		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BEAVER CREEK COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Paul Hauer</span></p>				<p>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@bctelco.com,O=beaver creek coop,l=Oregon City OR 97045, Date:5/20/2015</p>	
<p>Date: <span style="color: blue;">5/20/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Paul Hauer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-632-6314</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532359</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CANBY TEL ASSN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Paul Hauer</span></p>				<p><small>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby tel assn,l=Oregon City OR 97045, Date:5/20/2015</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Paul Hauer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-632-6314</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532362</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CLEAR CREEK MUTUAL					
Signature of Authorized Officer: Mitchell Moore				Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Mitchell Moore					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 503-631-2101					
Study Area Code of Reporting Carrier	532363		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: COLTON TEL CO					
Signature of Authorized Officer: Stephanie Sauvageau				Digitally signed by Stephanie Sauvageau DN: cn=Stephanie Sauvageau, email=stephanie@coltontel.com, O=colton tel co, l=Colton OR 97017, Date: 5/18/2015	
Date: 5/18/2015					
Printed name of Authorized Officer: Stephanie Sauvageau					
Title or position of Authorized Officer: Accountant					
Telephone number of Authorized Officer: 503-824-5863					
Study Area Code of Reporting Carrier	532364		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EAGLE TEL SYSTEMS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mike Lattin</span></p>				<p>Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle tel systems,l=Richland OR 97870, Date:5/26/2015</p>	
<p>Date: <span style="color: blue;">5/26/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Mike Lattin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">541-893-6111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532369</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CASCADE UTIL INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Brooke Wheeler</span></p>				<p><small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade util inc,l=Estacada OR 97023, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Brooke Wheeler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-630-8952</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532371</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>GERVAIS TELEPHONE CO</b>					
Signature of Authorized Officer: <b>John Hoffmann</b>				<small>Digitally signed by John Hoffmann DN:cn=John Hoffmann,email=jhoffmann@datavision.coop,O=gervais telephone co,l=Gervais OR 97026, Date:5/18/2015</small> Date: <b>5/18/2015</b>	
Printed name of Authorized Officer: <b>John Hoffmann</b>					
Title or position of Authorized Officer: <b>President/CEO</b>					
Telephone number of Authorized Officer: <b>503-792-3611</b>					
Study Area Code of Reporting Carrier	<b>532373</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

532375

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **ROOME TELECOMMUNICATIONS INC**Signature of Authorized Officer 

Date

5/21/15

Printed name of Authorized Officer **RANDAL L ROOME**Title or position of Authorized Officer **PRESIDENT**Telephone number of Authorized Officer: **(541) 369-2211**, ext.

Study Area Code of Reporting Carrier

**532375**Filing Due Date for this form  
(mm/dd/yyyy)

6/16/2015

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

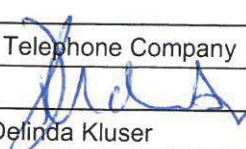
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HELIX TEL CO.</b></p>					
<p>Signature of Authorized Officer: <b>James Smith</b></p>				<p>Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix tel co.,l=Helix OR 97385, Date:5/15/2015</p>	
<p>Date: <b>5/15/2015</b></p>					
<p>Printed name of Authorized Officer: <b>James Smith</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>541-457-2385</b></p>					
Study Area Code of Reporting Carrier	<b>532376</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <b>Home Telephone Company</b>			
Signature of Authorized Officer 			Date <b>05/19/2015</b>
Printed name of Authorized Officer <b>Delinda Kluser</b>			
Title or position of Authorized Officer <b>Vice-Pres, Manager</b>			
Telephone number of Authorized Officer: <b>(541) 932-4411</b> ext.			
Study Area Code of Reporting Carrier	<b>532377</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>


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



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>TRANS-CASCADES TEL</b></p>					
<p>Signature of Authorized Officer:      <b>Brooke Wheeler</b></p>				<p>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=trans-cascades tel,l=Estacada OR 97023, Date:5/26/2015</p>	
<p>Date:      <b>5/26/2015</b></p>					
<p>Printed name of Authorized Officer:      <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer:      <b>CFO</b></p>					
<p>Telephone number of Authorized Officer:      <b>503-630-8952</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532378</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Molalla Communications</b>			
Signature of Authorized Officer 			Date <b>5-26-2015</b>
Printed name of Authorized Officer <b>Terry Simms</b>			
Title or position of Authorized Officer <b>Vice President/CFO</b>			
Telephone number of Authorized Officer: <b>(503) 829-1122 ext.</b>			
Study Area Code of Reporting Carrier	<b>532383</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MONITOR COOP TEL					
Signature of Authorized Officer: Geri Fraijo				<small>Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor coop tel,lc=US, Date:5/21/2015</small> Date: 5/21/2015	
Printed name of Authorized Officer: Geri Fraijo					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 503-634-2266					
Study Area Code of Reporting Carrier	532384		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>MONROE TELEPHONE CO.</b>					
Signature of Authorized Officer: <b>Donna Dillard</b>				<small>Digitally signed by Donna Dillard DN:cn=Donna Dillard,email=NECAaffairs@monroetel.com,O=monroe telephone co.,l=Monroe OR 97456, Date:5/15/2015</small> Date: <b>5/15/2015</b>	
Printed name of Authorized Officer: <b>Donna Dillard</b>					
Title or position of Authorized Officer: <b>Secretary - Treasurer</b>					
Telephone number of Authorized Officer: <b>541-847-5135</b>					
Study Area Code of Reporting Carrier	<b>532385</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MT. ANGEL TEL CO.					
Signature of Authorized Officer: Paul Hauer				Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=mt. angel tel co.,l=Oregon City OR 97045, Date:5/20/2015	
Date: 5/20/2015					
Printed name of Authorized Officer: Paul Hauer					
Title or position of Authorized Officer: CEO/President					
Telephone number of Authorized Officer: 503-632-6314					
Study Area Code of Reporting Carrier	532386		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: **Nehalem Telecommunications Inc.**

Signature of Authorized Officer

Date **05/26/2015**

Printed name of Authorized Officer **Michael J. Martell**

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

Telephone number of Authorized Officer: **(208) 366-2614** ext.

Study Area Code of Reporting Carrier

**532387**

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

**6/16/2015**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTH STATE TEL CO.					
Signature of Authorized Officer: Delinda Kluser				Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=north state tel co.,l=Mt. Vernon OR 97865-0609, Date:5/19/2015	
Date: 5/19/2015					
Printed name of Authorized Officer: Delinda Kluser					
Title or position of Authorized Officer: Vice President, Manager					
Telephone number of Authorized Officer: 541-932-4411					
Study Area Code of Reporting Carrier	532388		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: OREGON TEL CORP</p>					
<p>Signature of Authorized Officer: Delinda Kluser</p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp,l=Mt. Vernon OR 97865-0609, Date:5/19/2015</p>	
<p>Date: 5/19/2015</p>					
<p>Printed name of Authorized Officer: Delinda Kluser</p>					
<p>Title or position of Authorized Officer: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer: 541-932-4411</p>					
Study Area Code of Reporting Carrier	532389		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or 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: OREGON-IDAHO UTIL.					
Signature of Authorized Officer: Justin Perez				<small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho util.,l=Nampa ID 83653, Date:5/21/2015</small> Date: 5/21/2015	
Printed name of Authorized Officer: Justin Perez					
Title or position of Authorized Officer: Controller / Corporate Secretary					
Telephone number of Authorized Officer: 208-461-7802					
Study Area Code of Reporting Carrier	532390		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PEOPLES TEL CO. - OR</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Curt Thornton</span></p>				<p><small>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=peoples tel co. - or,l=Stayton OR 97383, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Curt Thornton</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-769-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532391</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PINE TEL SYSTEM INC.					
Signature of Authorized Officer: Delinda Kluser				<small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=pine tel system inc.,l=Mt. Vernon OR 97865-0609, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Delinda Kluser					
Title or position of Authorized Officer: Vice President, Manager					
Telephone number of Authorized Officer: 541-932-4411					
Study Area Code of Reporting Carrier	532392		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PIONEER TEL COOP					
Signature of Authorized Officer: Michael Whalen				<small>Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneer.net,O=pioneer tel coop,i=Philomath OR 97370-0631, Date:5/18/2015</small> Date: 5/18/2015	
Printed name of Authorized Officer: Michael Whalen					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 541-929-8256					
Study Area Code of Reporting Carrier	532393		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ST PAUL COOP ASSN					
Signature of Authorized Officer: Nick Schneider				<small>Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st paul coop assn,l=St. Paul OR 97137, Date:5/15/2015</small> Date: 5/15/2015	
Printed name of Authorized Officer: Nick Schneider					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 503-633-2111					
Study Area Code of Reporting Carrier	532396		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SCIO MUTUAL TEL ASSN					
Signature of Authorized Officer: Thomas Barth				<small>Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tbarth@smt-net.com,O=scio mutual tel assn,l=Scio OR 97374, Date:5/21/2015</small> Date: 5/21/2015	
Printed name of Authorized Officer: Thomas Barth					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 503-394-3366					
Study Area Code of Reporting Carrier	532397		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: STAYTON COOP TEL CO					
Signature of Authorized Officer: Curt Thornton				Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=stayton coop tel co,l=Stayton OR 97383, Date:5/19/2015 Date: 5/19/2015	
Printed name of Authorized Officer: Curt Thornton					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 503-769-2121					
Study Area Code of Reporting Carrier	532399		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: OREGON TEL CORP-MTE					
Signature of Authorized Officer: Delinda Kluser				<small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte,l=Mt. Vernon OR 97865-0609, Date:5/19/2015</small> Date: 5/19/2015	
Printed name of Authorized Officer: Delinda Kluser					
Title or position of Authorized Officer: Vice President, Manager					
Telephone number of Authorized Officer: 541-932-4411					
Study Area Code of Reporting Carrier	533336		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Calaveras Telephone Company

Signature of Authorized Officer: 

Date 5/26/2015

Printed name of Authorized Officer Louis Cherniss

Title or position of Authorized Officer Chief Financial Officer

Telephone number of Authorized Officer: (209) 785-2211, ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

542301

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

6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.


<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAL-ORE TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Waihun Yee</span></p>				<p><small>Digitally signed by Waihun Yee DN:cn=Waihun Yee,email=waihun@calore.net,O=cal-ore telephone co,l=Dorris CA 96023-0847, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Waihun Yee</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">530-397-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542311</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUCOR TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Eric Wolfe</span></p>				<p><small>Digitally signed by Eric Wolfe DN:cn=Eric Wolfe,email=egwolfe@ducortelco.com,O=ducor telephone co,l=Bakersfield CA 93384-2230, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Eric Wolfe</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Executive Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">661-834-7700</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542313</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

542318

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Foresthill Telephone Co (dba Sebastian)				
Signature of Authorized Officer 				Date 5/27/15
Printed name of Authorized Officer Rhonda Armstrong				
Title or position of Authorized Officer Vice President - Operations				
Telephone number of Authorized Officer: (559) 846-7780 ext.				
Study Area Code of Reporting Carrier	542318	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Kerman Telephone Co (dba Sebastian)				
Signature of Authorized Officer 			Date 5/27/15	
Printed name of Authorized Officer Rhonda Armstrong				
Title or position of Authorized Officer Vice President - Operations				
Telephone number of Authorized Officer: (559) 846-7780 ext.				
Study Area Code of Reporting Carrier		542324	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 Ponderosa Telephone Co.				
Signature of Authorized Officer <i>Kristiann Mattes</i>				Date 5-21-2015
Printed name of Authorized Officer Kristiann Mattes				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (559) 868-6346 ext.				
Study Area Code of Reporting Carrier	542332	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SIERRA TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Cindy Huber</span></p>				<p><small>Digitally signed by Cindy Huber DN:cn=Cindy Huber,email=cindyh@stcg.net,O=sierra telephone co,l=Oakhurst CA 93644, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Cindy Huber</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President Operations</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">559-642-0209</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542338</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Siskiyou Telephone Company</b>			
Signature of Authorized Officer <i>James T. Lowers</i>			Date <b>05/20/2015</b>
Printed name of Authorized Officer <b>James T. Lowers</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(530) 467-6000</b> ext.			
Study Area Code of Reporting Carrier	<b>542339</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VOLCANO TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Brenda Shepard</span></p>				<p>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano tel co,l= , Date:5/19/2015</p>	
<p>Date: <span style="color: blue;">5/19/2015</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Brenda Shepard</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">209-296-1447</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542343</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PINNACLES TEL CO					
Signature of Authorized Officer: Steven Bryan				<small>Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles tel co,l= , Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Steven Bryan					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 831-389-4500					
Study Area Code of Reporting Carrier	542346		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FILER MUTUAL TEL -NV					
Signature of Authorized Officer: Steve Cowger				<small>Digitally signed by Steve Cowger DN: cn=Steve Cowger, email=stevec@filertel.com, O=filer mutual tel -nv, I=Filer ID 83328, Date: 5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer: Steve Cowger					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 208-326-4339					
Study Area Code of Reporting Carrier	552220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

552233

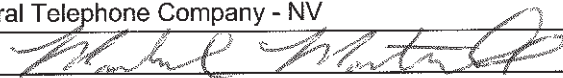
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Rural Telephone Company - NV**

Signature of Authorized Officer



Date **05/26/2015**

Printed name of Authorized Officer **Michael J. Martell**

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

Telephone number of Authorized Officer: **(208) 366-2614**, ext.

Study Area Code of Reporting Carrier

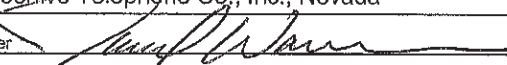
**552233**

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

**6/16/2015**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Beehive Telephone Co., Inc., Nevada</b>				
Signature of Authorized Officer 				Date <b>05/19/2015</b>
Printed name of Authorized Officer <b>Jacob Warner</b>				
Title or position of Authorized Officer <b>President / General Manager</b>				
Telephone number of Authorized Officer: <b>(435) 837-6000 ext.</b>				
Study Area Code of Reporting Carrier	<b>552284</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHURCHILL-CC COMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Feest</span></p>				<p><small>Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@corp.cccomm.net,O=churchill-cc comm.,l=Fallon NV 89407, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Feest</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">775-423-7654</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552349</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLN CTY TEL SYS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Christian, III</span></p>				<p><small>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys,l=Pluche NV 89043, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Christian, III</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">775-962-5131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552351</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOAPA VALLEY TEL CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Lyon</span></p>				<p><small>Digitally signed by John Lyon DN:cn=John Lyon,email=john@mvtel.com,O=moapa valley tel co.,l=Overton NV 89040-0365, Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Lyon</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">702-397-2225</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552353</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RIO VIRGIN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Brooke Wheeler</span></p>				<p><small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin tel co,l=Estacada OR 97023, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Brooke Wheeler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-630-8952</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552356</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HUMBOLDT TEL CO					
Signature of Authorized Officer: Justin Perez				<small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt tel co,l=Nampa ID 83653, Date:5/21/2015</small> Date: 5/21/2015	
Printed name of Authorized Officer: Justin Perez					
Title or position of Authorized Officer: Controller / Corporate Secretary					
Telephone number of Authorized Officer: 208-461-7802					
Study Area Code of Reporting Carrier	553304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ADAK TEL UTILITY</b></p>					
<p>Signature of Authorized Officer:      <b>Andilea Weaver</b></p>				<p><small>Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adaku tel utility,l= , Date:5/18/2015</small></p> <p>Date:      <b>5/18/2015</b></p>	
<p>Printed name of Authorized Officer:      <b>Andilea Weaver</b></p>					
<p>Title or position of Authorized Officer:      <b>Vice President/COO</b></p>					
<p>Telephone number of Authorized Officer:      <b>907-222-0844</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>610989</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2015</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARCTIC SLOPE TEL					
Signature of Authorized Officer: Clover McNeil				<small>Digitally signed by Clover McNeil DN: cn=Clover McNeil, email=cllover@astac.net, O=arctic slope tel, l= , Date: 5/20/2015</small> Date: 5/20/2015	
Printed name of Authorized Officer: Clover McNeil					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 907-564-2680					
Study Area Code of Reporting Carrier	613001		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BETTLES TEL CO INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Michael Garrett</span></p>				<p><small>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=bettles tel co inc,l=Port Townsend WA 98368, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Michael Garrett</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">COO - Executive VP</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">360-385-1733</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613002</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BRISTOL BAY TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Todd Hoppe</span></p>				<p><small>Digitally signed by Todd Hoppe DN:cn=Todd Hoppe,email=manager@bristolbay.com,O=bristol bay tel coop,l=King Salmon AK 99613, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Todd Hoppe</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-246-3403</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613003</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Bush-Tell, Inc</b>				
Signature of Authorized Officer 				Date <b>05-27-2015</b>
Printed name of Authorized Officer <b>W. Douglas DeVore</b>				
Title or position of Authorized Officer <b>V.P. / Asst. Gen. Mgr.</b>				
Telephone number of Authorized Officer: <b>(907) 675-4311</b> ext.				
Study Area Code of Reporting Carrier	<b>613004</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CIRCLE TEL &amp; ELEC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Masephol</span></p>				<p><small>Digitally signed by David Masephol DN: cn=David Masephol, email=damasephol@gmail.com, O=Circle tel &amp; elec, I=Circle AK 99733, Date: 5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Masephol</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Member Owner</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-773-5500</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613005</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COPPER VALLEY TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Pamla Murphy</span></p>				<p>Digitally signed by Pamla Murphy DN:cn=Pamla Murphy,email=pmurphy@cvtc.org,O=copper valley tel,l=Valdez AK 99686, Date:5/26/2015</p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Pamla Murphy</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-835-2231</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613006</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

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

Signature of Authorized Officer

*Paul Kelly*

Date **05/26/2015**

Printed name of Authorized Officer

**Paul Kelly**

Title or position of Authorized Officer

**General Manager/ CEO**

Telephone number of Authorized Officer: **(907) 424-2345** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**613007**

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

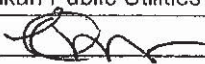
6/16/2015

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>INTERIOR TEL CO INC</b></p>					
<p>Signature of Authorized Officer: <b>Brett Carter</b></p>				<p>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior tel co inc, Date:5/26/2015</p>	
<p>Date: <b>5/26/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Brett Carter</b></p>					
<p>Title or position of Authorized Officer: <b>VP/Controller</b></p>					
<p>Telephone number of Authorized Officer: <b>907-563-2003</b></p>					
Study Area Code of Reporting Carrier	<b>613011</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Ketchikan Public Utilities</b>			
Signature of Authorized Officer 			Date <b>5/27/15</b>
Printed name of Authorized Officer <b>Ed Cushing</b>			
Title or position of Authorized Officer <b>KPU Division Manager</b>			
Telephone number of Authorized Officer: <b>907 228 6421</b> , ext.			
Study Area Code of Reporting Carrier	<b>3013</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MATANUSKA TEL ASSOC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Wanda Tankersley</span></p>				<p><small>Digitally signed by Wanda Tankersley DN:cn=Wanda Tankersley,email=wtankersley@mta-telco.com,O=matanuska tel assoc,lf= , Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Wanda Tankersley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-761-2654</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613015</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MUKLUK TEL CO INC</b></p>					
<p>Signature of Authorized Officer: <b>Brett Carter</b></p>				<p>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=mukluk tel co inc, Date:5/26/2015</p>	
<p>Date: <b>5/26/2015</b></p>					
<p>Printed name of Authorized Officer: <b>Brett Carter</b></p>					
<p>Title or position of Authorized Officer: <b>VP/Controller</b></p>					
<p>Telephone number of Authorized Officer: <b>907-563-2003</b></p>					
Study Area Code of Reporting Carrier	<b>613016</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALASKA TEL CO					
Signature of Authorized Officer: Michael Garrett				<small>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=alaska tel co,l=Port Townsend WA 98368, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Michael Garrett					
Title or position of Authorized Officer: COO - Executive VP					
Telephone number of Authorized Officer: 360-385-1733					
Study Area Code of Reporting Carrier	613017		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NUSHAGAK ELEC & TEL					
Signature of Authorized Officer: Michael Megli				Digitally signed by Michael Megli DN:cn=Michael Megli,email=mmegli@nushagak.coop,O=nushagak elec & tel,l=Dillingham AK 99576, Date:5/15/2015	
Date: 5/15/2015					
Printed name of Authorized Officer: Michael Megli					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 907-842-5251					
Study Area Code of Reporting Carrier	613018		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: OTZ TEL COOPERATIVE					
Signature of Authorized Officer: Doug Neal				Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz tel cooperative,l=Kotzebue AK 99752, Date:5/26/2015	
Date: 5/26/2015					
Printed name of Authorized Officer: Doug Neal					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 907-442-1000					
Study Area Code of Reporting Carrier	613019		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

613025

TO BE COMPLETED BY THE REPORTING CARRIER,

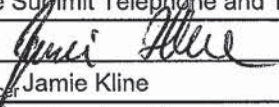
Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Yukon Telephone Co., Inc.			
Signature of Authorized Officer 			Date 5/26/2015
Printed name of Authorized Officer Craig Mollerstuen			
Title or position of Authorized Officer Vice President			
Telephone number of Authorized Officer: (907) 273-5217, ext.			
Study Area Code of Reporting Carrier	613025	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 COUNTRY TEL CO					
Signature of Authorized Officer: Michael Garrett				<small>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=north country tel co,l=Port Townsend WA 98368, Date:5/26/2015</small> Date: 5/26/2015	
Printed name of Authorized Officer: Michael Garrett					
Title or position of Authorized Officer: COO - Executive VP					
Telephone number of Authorized Officer: 360-385-1733					
Study Area Code of Reporting Carrier	613026		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

613028

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier The Summit Telephone and Telegraph Co. of Alaska			
Signature of Authorized Officer 			Date 05/26/15
Printed name of Authorized Officer Jamie Kline			
Title or position of Authorized Officer Secretary/Treasurer			
Telephone number of Authorized Officer: (907) 389-1012 ext.			
Study Area Code of Reporting Carrier	613028	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

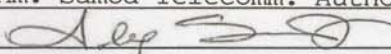
TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Sandwich Isles Communications, Inc.</b>				
Signature of Authorized Officer 				Date <b>5/27/15</b>
Printed name of Authorized Officer <b>Janeen-Ann A. Olds</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(808) 524-8400</b> , ext.				
Study Area Code of Reporting Carrier	<b>623021</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TELEGUAM HOLDINGS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Brady</span></p>				<p><small>Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,lf= , Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Brady</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">671-644-0013</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">663800</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Am. Samoa Telecomm. Authority</u>			
Signature of Authorized Officer <u></u>			Date <u>05/27/2015</u>
Printed name of Authorized Officer <u>Alex Sene Jr.</u>			
Title or position of Authorized Officer <u>Acting CEO</u>			
Telephone number of Authorized Officer: <u>(684) 699-1129</u>			
Study Area Code of Reporting Carrier	<u>673900</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 See Attached List			
Signature of Authorized Officer <i>Michael T. Skrivan</i>			Date 5/27/15
Printed name of Authorized Officer Michael T. Skrivan			
Title or position of Authorized Officer VP, Regulatory			
Telephone number of Authorized Officer: (207) 535-4150 ext.			
Study Area Code of Reporting Carrier	see attached list	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



## FairPoint Company Listing

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

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

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

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

Signature of Authorized Officer

*Kevin G. Hess*

Date 05/27/2015

Printed name of Authorized Officer Kevin G. Hess

Title or position of Authorized Officer Executive Vice President

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

Study Area Code of Reporting Carrier

**See TDS  
TELECOM  
ILEC Listing  
Below**

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

06/16/2015

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

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

Attachment 1

300585	Arcadia Telephone Company	522430	McDaniel Telephone Company
532404	Asotin Telephone Company-OR	320788	MERCHANTS & FARMERS
522404	Asotin Telephone Company-WA	361413	Mid-State Telephone Company dba KMP
230469	Barnardsville Telephone Company	432010	Mid-America Telephone, Inc
330849	Black Earth Telephone Company, LLC	330915	MosineeTelephone Company, LLC
330851	Bonduel Telephone Company, LLC	287449	Myrtle Telephone Company, Inc
330856	Burlington, Brighton and Wheatland Telephone Company, LLC	193029	New Castle Telephone Company
280448	Calhoun City Telephone Company, Inc	140061	Northfield Telephone Company
320744	Camden Telephone Company, Inc	240535	Norway Telephone Company, Inc
310685	Chatham Telephone Company	250311	Oakman Telephone Company, Inc
401698	Cleveland County Telephone Company, Inc	300645	Oakwood Telephone Company
100005	Cobbosseecontee Telephone Company	150114	Oriskany Falls Telephone Corporation
310672	Communication Corporation of Michigan	140062	Perkinsville Telephone Company, Inc
320809	Communications Corporation of Southern Indiana	150118	Port Byron Telephone Company
300607	Continental Telephone Company	472230	Potlatch Telephone Company
401699	Decatur Telephone Company, Inc	320816	S and W Telephone Company, Inc
150089	Deposit Telephone Company, Inc	260417	Salem Telephone Company
330875	Dickeyville Telephone, LLC	230498	Saluda Mountain Telephone Company
330914	EastCoast Telecom of Wisconsin, LLC	330945	Scandinavia Telephone Company, LLC
150092	Edwards Telephone Company, Inc	330952	Southeast Telephone Co. of Wisconsin, LLC
330880	The Farmers Telephone Company, LLC	230500	Service Telephone Company
330930	Grantland Telecom, LLC	310726	Shiawassee Telephone Company
100010	Hampden Telephone Company	283301	Southeast Mississippi Telephone Company, Inc
542321	Happy Valley Telephone Company	240544	St. Stephen Telephone Company
100011	Hartland and St Albans Telephone Company	330955	The State Long Distance Telephone Company, LLC
320777	The Home Telephone Company of Pittsboro, Inc	170206	Sugar Valley Telephone Company
320778	Home Telephone Company, Inc	330958	Tenney Telephone Company, LLC
542322	Hornitos Telephone Co	150129	Township Telephone Company, Inc
290566	Humphreys County Telephone Company	300662	The Vanlue Telephone Company
100007	The Island Telephone Company	150133	Vernon Telephone Company, Inc
310677	Island Telephone Company	100031	Warren Telephone Company
522427	Lewis River Telephone Company, Inc	100034	The West Penobscot Telephone and Telegraph Company
260412	Lewisport Telephone Company	320837	West Point Telephone
300613	Little Miami Communications Corporation	361507	Winsted Telephone Company
140058	Ludlow Telephone Company	542323	Winterhaven Telephone Company
170183	Mahanoy and Mahantango Telephone Company	310738	Wolverine Telephone Company
240533	McClellanville Telephone Company, Inc	432034	Wyandotte Telephone Company