

VOLUME 1

APPENDIX F Exhibit 2

CARRIER CERTIFICATIONS Carrier Eligibility for CAF/ICC Recovery

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: OXFORD WEST TEL CO

Signature of Authorized Officer or employee: Dawna Hannan
Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford west tel co,L=Lewiston ME 04240, Date:5/20/2015

Date: 5/20/2015

Printed name of Authorized Officer or employee: Dawna Hannan

Title or position of Authorized Officer or employee: Director Regulatory Affairs

Telephone number of Authorized Officer or employee: 207-333-3455

Study Area Code of Reporting Carrier

100002

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Lincolnvillev Networks, Inc.	
Signature of authorized officer		<i>Shirley P Manning</i>		Date	05/21/15
Printed name of authorized officer		Shirley P Manning			
Title or position of authorized officer		President			
Telephone number of authorized officer: (207) 563-9911, ext.					
Study Area Code of Reporting Carrier		100003	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: OXFORD COUNTY TEL

Signature of Authorized Officer or employee: Dawna Hannan

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

Date: 5/20/2015

Printed name of Authorized Officer or employee: Dawna Hannan

Title or position of Authorized Officer or employee: Director Regulatory Affairs

Telephone number of Authorized Officer or employee: 207-333-3455

Study Area Code of Reporting Carrier

100019

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=pine tree tel llc, Date:5/20/2015

Date: **5/20/2015**

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

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

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

Study Area Code of Reporting Carrier

100020

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Union River Telephone Company	
Signature of authorized officer		<i>William S. Silsby, Jr.</i>		Date	05/26/15
Printed name of authorized officer		William S. Silsby, Jr.			
Title or position of authorized officer		President/General Manager			
Telephone number of authorized officer:		(207) 584-9911 ext.			
Study Area Code of Reporting Carrier		100027	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/26/2015**

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

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

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

Study Area Code of Reporting Carrier

100029

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MID-MAINE TELECOM**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,l= , Date:5/20/2015

Date: **5/20/2015**

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

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

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

Study Area Code of Reporting Carrier

103315

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=granby tel llc,lc= , Date:5/20/2015

Date: **5/20/2015**

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

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

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

Study Area Code of Reporting Carrier	110036		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: RICHMOND TEL CO

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

Date: 5/22/2015

Printed name of Authorized Officer or employee: Richard Drake Jr.

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 518-328-0336

Study Area Code of Reporting Carrier

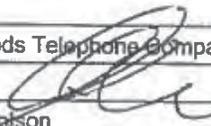
110037

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<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 Bretton Woods Telephone Company, Inc.			
Signature of authorized officer 		Date	05/19/2015
Printed name of authorized officer Art Nicholson			
Title or position of authorized officer V.P. Operations			
Telephone number of authorized officer: (503) 278-9911			
Study Area Code of Reporting Carrier	120038	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Susan King**

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

Date: **5/23/2015**

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

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

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

Study Area Code of Reporting Carrier

120039

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Ann Walsh**

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

Date: **5/27/2015**

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

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

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

Study Area Code of Reporting Carrier

120042

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **David Montgomery**
Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **David Montgomery**

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

Telephone number of Authorized Officer or employee: **603-774-9911**

Study Area Code of Reporting Carrier

120043

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/20/2015**

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

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

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

Study Area Code of Reporting Carrier

140053

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SHOREHAM TEL.**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=shoreham tel.,l= , Date:5/20/2015

Date: **5/20/2015**

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

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

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

Study Area Code of Reporting Carrier

140064

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

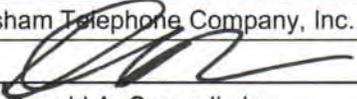
6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Topsham Telephone Company, Inc.	
Signature of authorized officer				Date	5/22/2015
Printed name of authorized officer		Donald A. Ceresoli, Jr.			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(315) 324-5911 ext.			
Study Area Code of Reporting Carrier	140068	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Roger Nishi**

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

Date: **5/26/2015**

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

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

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

Study Area Code of Reporting Carrier

140069

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Vermont Telephone Co, Inc.	
Signature of authorized officer		<i>Fran Stocker</i>		Date	05/27/2015
Printed name of authorized officer		Fran Stocker			
Title or position of authorized officer		Chief Financial Officer			
Telephone number of authorized officer:		(802) 885-9000			
Study Area Code of Reporting Carrier	147332	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **James Ranko**
Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-ny,l= , Date:5/19/2015

Date: **5/19/2015**

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

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

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

Study Area Code of Reporting Carrier	150071		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Mark Maytum**

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

Date: **5/26/2015**

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

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

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

Study Area Code of Reporting Carrier

150076

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Mark Webster**

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

Date: **5/18/2015**

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

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

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

Study Area Code of Reporting Carrier

150077

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Citizens Telephone Company of Hammond, NY, Inc.

Signature of authorized officer 

Printed name of authorized officer Donald A. Ceresoli, Jr.

Date 6/22/2015

Title or position of authorized officer President

Telephone number of authorized officer: (315) 324-5911, ext.

Study Area Code of Reporting Carrier 150081

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Shana Macey**

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

Date: **5/21/2015**

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

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

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

Study Area Code of Reporting Carrier

150085

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/19/2015**

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

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

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

Study Area Code of Reporting Carrier

150088

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Mark Maytum**

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

Date: **5/26/2015**

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

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

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

Study Area Code of Reporting Carrier

150091

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/21/2015**

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

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

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

Study Area Code of Reporting Carrier

150093

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **J. Finan**

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

Date: **5/19/2015**

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

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

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

Study Area Code of Reporting Carrier

150095

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/15/2015**

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

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

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

Study Area Code of Reporting Carrier

150097

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Robert Wrighter, Jr**
Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjrh@hancocktelephone.com,O=hancock tel co,l=Hancock NY 13783, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Robert Wrighter, Jr**

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

Telephone number of Authorized Officer or employee: **607-637-9912**

Study Area Code of Reporting Carrier

150099

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Glen Faulkner**

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

Date: **5/21/2015**

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

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

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

Study Area Code of Reporting Carrier

150104

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: MIDDLEBURGH TEL CO

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

Date: 5/21/2015

Printed name of Authorized Officer or employee: Marjorie Becker

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

Telephone number of Authorized Officer or employee: 518-827-5211

Study Area Code of Reporting Carrier

150105

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Joseph Tomaino**
Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel co,I=Newport NY 13416, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Joseph Tomaino**

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

Telephone number of Authorized Officer or employee: **315-845-8112**

Study Area Code of Reporting Carrier

150107

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: NICHOLVILLE TEL CO

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

Date: 5/22/2015

Printed name of Authorized Officer or employee: Jeffrey McGrath

Title or position of Authorized Officer or employee: Vice President/CIO

Telephone number of Authorized Officer or employee: 315-328-5333

Study Area Code of Reporting Carrier

150108

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: ONEIDA COUNTY RURAL

Signature of Authorized Officer or employee: Thomas Ellis

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

Date: 5/21/2015

Printed name of Authorized Officer or employee: Thomas Ellis

Title or position of Authorized Officer or employee: Executive Vice President

Telephone number of Authorized Officer or employee: 315-624-2000

Study Area Code of Reporting Carrier

150111

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Sean Socha**

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

Date: **5/22/2015**

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

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

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

Study Area Code of Reporting Carrier

150112

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PATTERSONVILLE TEL**

Signature of Authorized Officer or employee: **Tammy Krisher**
Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel,I=Rotterdam Junc NY 12150, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Tammy Krisher**

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

Telephone number of Authorized Officer or employee: **518-887-2121**

Study Area Code of Reporting Carrier	150116		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Mark Evans**

Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel co,l= , Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Mark Evans**

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

Telephone number of Authorized Officer or employee: **518-731-6128**

Study Area Code of Reporting Carrier

150125

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Sean Socha**

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

Date: **5/22/2015**

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

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

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

Study Area Code of Reporting Carrier

150131

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	
<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	Alteva of Warwick, LLC
Signature of authorized officer	 Date 5/26/15
Printed name of authorized officer	Brian Callahan
Title or position of authorized officer	Executive Vice President, CFO
Telephone number of authorized officer: () , ext.	(267) 234-7408
Study Area Code of Reporting Carrier	150135 Filing Due Date for this form (mm/dd/yyyy) 6-16-2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>	

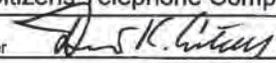
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	
<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	Altera of Warwick, LLC
Signature of authorized officer	 Date 5/29/15
Printed name of authorized officer	Brian Callahan
Title or position of authorized officer	Executive Vice President, CFO
Telephone number of authorized officer: () . , ext.	(267) 234-7408
Study Area Code of Reporting Carrier	160135 Filing Due Date for this form (mm/dd/yyyy) 6-16-15
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>	

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Citizens Telephone Company of Kecksburg			
Signature of authorized officer					Date		5/27/2015
Printed name of authorized officer			Dennis K. Cutrell				
Title or position of authorized officer			President				
Telephone number of authorized officer:			(724) 424-4444 ext.				
Study Area Code of Reporting Carrier		170156	Filing Due Date for this form (mm/dd/yyyy)		6/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Grier Adamson**
Digitally signed by Grier Adamson DN:cn=Grier Adamson,email=grier@hky.com,O=hickory tel co,l= , Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Grier Adamson**

Title or position of Authorized Officer or employee: **CEO/Treasurer**

Telephone number of Authorized Officer or employee: **724-356-2211**

Study Area Code of Reporting Carrier

170171

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LACKAWAXEN TELECOM**

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

Date: **5/26/2015**

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

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

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

Study Area Code of Reporting Carrier

170177

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: LAUREL HIGHLAND TEL

Signature of Authorized Officer or employee: **James Kail**
Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtot.com,O=laurel highland tel,l=Stahlstown PA 15687-0168, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer or employee: James Kail

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

Telephone number of Authorized Officer or employee: 724-593-2411

Study Area Code of Reporting Carrier

170179

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **James Ranko**
Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-pa,l= , Date:5/19/2015

Date: **5/19/2015**

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

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

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

Study Area Code of Reporting Carrier	170189		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NORTH-EASTERN PA TEL**

Signature of Authorized Officer or employee: **Thomas Mendicino**
Digitally signed by Thomas Mendicino DN:cn=Thomas Mendicino,email=tommendo@nep.net,O=north-eastern pa tel,l=Forest City PA 18421, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Thomas Mendicino**

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

Telephone number of Authorized Officer or employee: **570-785-2210**

Study Area Code of Reporting Carrier

170191

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/21/2015**

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

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

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

Study Area Code of Reporting Carrier

170192

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **James Ranko**

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

Date: **5/19/2015**

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

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

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

Study Area Code of Reporting Carrier

170195

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: PALMERTON TEL CO

Signature of Authorized Officer or employee: Thomas Lager

Digitally signed by Thomas Lager DN:cn=Thomas Lager,email=tlager@ptelco.com,O=palmerton tel co,I=Palmerton PA 18071, Date:5/20/2015

Date: 5/20/2015

Printed name of Authorized Officer or employee: Thomas Lager

Title or position of Authorized Officer or employee: Vice President of Operations

Telephone number of Authorized Officer or employee: 610-826-9272

Study Area Code of Reporting Carrier

170196

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Pennsylvania Telephone Company	
Signature of authorized officer		<i>Mary E. Davis</i>		Date	
				05/26/15	
Printed name of authorized officer		Mary E. Davis			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer		570-745-7101			
Study Area Code of Reporting Carrier		170197		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: PYMATUNING IND TEL

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

Date: 5/22/2015

Printed name of Authorized Officer or employee: Deborah Nobles

Title or position of Authorized Officer or employee: VP of Regulatory Affairs

Telephone number of Authorized Officer or employee: 904-259-0029

Study Area Code of Reporting Carrier

170200

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/18/2015**

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

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

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

Study Area Code of Reporting Carrier

170205

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Janice Kline**
Digitally signed by Janice Kline DN:cn=Janice Kline,email=jk@venustel.com,O=venus tel corp,I=Venus PA 16364, Date:5/20/2015

Date: **5/20/2015**

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

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

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

Study Area Code of Reporting Carrier

170210

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: YUKON - WALTZ TEL CO

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

Date: 5/18/2015

Printed name of Authorized Officer or employee: James Kail

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

Telephone number of Authorized Officer or employee: 724-593-2411

Study Area Code of Reporting Carrier

170215

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **John Ludenia**
Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa,l= , Date:5/18/2015

Date: **5/18/2015**

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

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

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

Study Area Code of Reporting Carrier

170277

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **James Ranko**

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

Date: **5/19/2015**

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

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

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

Study Area Code of Reporting Carrier

180216

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

6/16/2015

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

05/22/2015 11:19 4344470238
 REURVLEU
 May 22 2015 03:12PM Buggs Island Telephone 4346361218

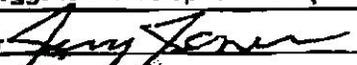
TRANSPORT DEPT
 4344470238
 page 2

TRANSPORT DEPT
 PAGE 03/03

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAFICC Recovery

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

Name of Reporting Carrier		Buggs Island Telephone Cooperative	
Signature of authorized officer		Date	5-21-15
Printed name of authorized officer		Jerry Jones	
Title or position of authorized officer		President	
Telephone number of authorized officer: (434) 636-2274			
Study Area Code of Reporting Carrier	190219	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 802, 803(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Missy Lynch**

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

Date: **5/26/2015**

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

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

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

Study Area Code of Reporting Carrier

190220

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/15/2015**

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

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

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

Study Area Code of Reporting Carrier

190225

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Ruth Newman**

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

Date: **5/21/2015**

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

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

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

Study Area Code of Reporting Carrier

190237

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Sheri Smith**

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

Date: **5/18/2015**

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

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

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

Study Area Code of Reporting Carrier

190238

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NEW HOPE TEL COOP**

Signature of Authorized Officer or employee: **Laurie Hensley**
Digitally signed by Laurie Hensley DN:cn=Laurie Hensley, email=lauriehensley@newhopetel.com, O=new hope tel coop, l=New Hope VA 24469, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Laurie Hensley**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **540-363-6277**

Study Area Code of Reporting Carrier

190239

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

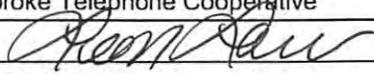
6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Pembroke Telephone Cooperative	
Signature of authorized officer				Date	05/18/2015
Printed name of authorized officer		Leon A. Law			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(540) 626-7111 _{ext.}			
Study Area Code of Reporting Carrier	190243	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SCOTT COUNTY COOP**

Signature of Authorized Officer or employee: **Daniel Odom**

Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county coop,l=Gate City VA 24251, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Daniel Odom**

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

Telephone number of Authorized Officer or employee: **276-452-7224**

Study Area Code of Reporting Carrier

190248

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LUMOS TEL. BOTETOURT**

Signature of Authorized Officer or employee: **Mary McDermott**
Digitally signed by Mary McDermott DN:cn=Mary McDermott,email=mcdermottm@lumosnet.com,O=lumos tel. botetourt,l=Waynesboro VA 22980, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Mary McDermott**

Title or position of Authorized Officer or employee: **Senior VP, Legal and Regulatory Affairs**

Telephone number of Authorized Officer or employee: **540-946-8677**

Study Area Code of Reporting Carrier	190249		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Thomas Reed**

Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas.reed@emp.shentel.com,O=shenandoah tel co, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Thomas Reed**

Title or position of Authorized Officer or employee: **Controller of Financial Reporting**

Telephone number of Authorized Officer or employee: **540-984-5295**

Study Area Code of Reporting Carrier

190250

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SHENANDOAH - NR**

Signature of Authorized Officer or employee: **Thomas Reed**

Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas.reed@emp.shentel.com,O=shenandoah - nr,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Thomas Reed**

Title or position of Authorized Officer or employee: **Controller of Financial Reporting**

Telephone number of Authorized Officer or employee: **540-984-5295**

Study Area Code of Reporting Carrier

197251

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **James Ranko**

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

Date: **5/19/2015**

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

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

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

Study Area Code of Reporting Carrier

200256

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SPRUCE KNOB SENECA**

Signature of Authorized Officer or employee: **Vickie Colaw**
Digitally signed by Vickie Colaw DN:cn=Vickie Colaw,email=vcolaw@spruceknob.net,O=spruce knob seneca,l=Riverton WV 26814-0100, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Vickie Colaw**

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

Telephone number of Authorized Officer or employee: **304-567-2121**

Study Area Code of Reporting Carrier

200257

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc, Date:5/20/2015

Date: **5/20/2015**

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

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

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

Study Area Code of Reporting Carrier

200258

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **HARDY TELECOM**

Signature of Authorized Officer or employee: **Scott Sherman**
Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom,l= , Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Scott Sherman**

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

Telephone number of Authorized Officer or employee: **304-897-9911**

Study Area Code of Reporting Carrier

200259

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **James Ranko**

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

Date: **5/19/2015**

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

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

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

Study Area Code of Reporting Carrier

200267

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: WEST SIDE TEL-WV

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

Date: 5/18/2015

Printed name of Authorized Officer or employee: John Ludenia

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

Telephone number of Authorized Officer or employee: 304-983-8642

Study Area Code of Reporting Carrier

200277

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NORTHEAST FLORIDA**

Signature of Authorized Officer or employee: **Deborah Nobles**
Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=northeast florida,l=Macclenny FL 32063-0485, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Deborah Nobles**

Title or position of Authorized Officer or employee: **VP of Regulatory Affairs**

Telephone number of Authorized Officer or employee: **904-259-0029**

Study Area Code of Reporting Carrier

210335

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

6/16/2015

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

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

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

Name of Reporting Carrier				Valley Telephone Co., LLC	
Signature of authorized officer			Date		5/19/2015
Printed name of authorized officer			Bruce Schoonover		
Title or position of authorized officer			Vice-President Regulatory Compliance		
Telephone number of authorized officer			(706) 645-8116		
Study Area Code of Reporting Carrier		220324	Filing Due Date for this form (mm/dd/yyyy)		5/19/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Kevin Brooks**

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

Date: **5/19/2015**

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

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

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

Study Area Code of Reporting Carrier

220344

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/21/2015**

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

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

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

Study Area Code of Reporting Carrier

220347

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **John Scott**

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

Date: **5/20/2015**

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

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

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

Study Area Code of Reporting Carrier

220348

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					Chickamauga Telephone Corporation						
Signature of authorized officer				<i>Donna F Alexander</i>				Date		05/20/2015	
Printed name of authorized officer					Donna F Alexander						
Title or position of authorized officer					Executive Vice President						
Telephone number of authorized officer:					(601) 764-3463						
Study Area Code of Reporting Carrier			220354		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015				
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>											

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER



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

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

Name of Reporting Carrier				Citizens Telephone Co., Inc.	
Signature of authorized officer			Date		May 26, 2015
Printed name of authorized officer			Chad Ledger		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer: (229) 874-4145 ext.					
Study Area Code of Reporting Carrier		220355	Filing Due Date for this form (mm/dd/yyyy)		5/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Darien Telephone Company, Inc.	
Signature of authorized officer		<i>Reginald V. Jackson</i>		Date	May 21, 2015
Printed name of authorized officer		Reginald V. Jackson			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		(913) 437-4111 ext.			
Study Area Code of Reporting Carrier	220358	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/19/2015**

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

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

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

Study Area Code of Reporting Carrier	220365		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Randy Daniel**

Digitally signed by Randy Daniel DN:cn=Randy Daniel,email=randy@hartcom.net,O=hart tel co,|=Hartwell GA 30643, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Randy Daniel**

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

Telephone number of Authorized Officer or employee: **706-376-4701**

Study Area Code of Reporting Carrier

220368

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **COMSOUTH TELECOMM**

Signature of Authorized Officer or employee: **Scott Obert-Thorn**
Digitally signed by Scott Obert-Thorn DN:cn=Scott Obert-Thorn,email=scott@comsouth.net,O=comsouth telecomm,l=Hawkinsville GA 31306, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Scott Obert-Thorn**

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

Telephone number of Authorized Officer or employee: **478-783-4001**

Study Area Code of Reporting Carrier

220369

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/20/2015**

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

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

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

Study Area Code of Reporting Carrier

220376

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

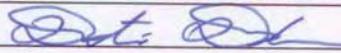
6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: Pineland Telephone Cooperative, Inc.			
Signature of authorized officer: 	Date		5/26/15
Printed name of authorized officer: Dustin Durden			
Title or position of authorized officer: Executive Vice President			
Telephone number of authorized officer: (912) 685-2121, ext.			
Study Area Code of Reporting Carrier	220377	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/19/2015**

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

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

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

Study Area Code of Reporting Carrier

220378

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/19/2015**

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

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

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

Study Area Code of Reporting Carrier

220379

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PROGRESSIVE RURAL**

Signature of Authorized Officer or employee: **Ron Chambers**

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

Date: **5/19/2015**

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

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

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

Study Area Code of Reporting Carrier

220380

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

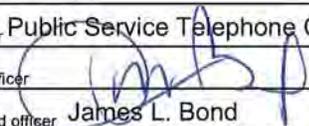
6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Public Service Telephone Company			
Signature of authorized officer					Date		05/22/2015
Printed name of authorized officer				James L. Bond			
Title or position of authorized officer				President			
Telephone number of authorized officer:				(478) 847-4111 ext.			
Study Area Code of Reporting Carrier		220381		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Steven Tatum**

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

Date: **5/22/2015**

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

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

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

Study Area Code of Reporting Carrier

220389

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Deborah Rand**
Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall, llc, Date:5/26/2015

Date: **5/26/2015**

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

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

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

Study Area Code of Reporting Carrier

220392

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **April Dyson**

Digitally signed by April Dyson DN:cn=April Dyson, email=aprilwtec@nu-z.net, O=wilkes tel & elc co, l=Washington GA 30673, Date:5/26/2015

Date: **5/26/2015**

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

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

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

Study Area Code of Reporting Carrier

220394

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Dan Bennett**

Digitally signed by Dan Bennett DN:cn=Dan Bennett,email=dbennett@ellerbetelephone.net,O=ellerbe tel co,I=Ellerbe NC 28338-0220, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Dan Bennett**

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

Telephone number of Authorized Officer or employee: **910-652-2221**

Study Area Code of Reporting Carrier

230478

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				North State Telephone Company dba North State Communications			
Signature of authorized officer		<i>Lynn B. Welborn</i>		Date		5/26/2015	
Printed name of authorized officer				Lynn B. Welborn			
Title or position of authorized officer				Vice President & Chief Administrative Officer			
Telephone number of authorized officer:				(336) 886-3766			
Study Area Code of Reporting Carrier		230491		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				North State Telephone d.b.a. North State Communications	
Signature of authorized officer		<i>Lynn B. Welborn</i>		Date	Sep. 10, 2015
Printed name of authorized officer		Lynn B. Welborn			
Title or position of authorized officer		Vice President and Chief Administrative Officer			
Telephone number of authorized officer: (336) 886- 3766 , ext.					
Study Area Code of Reporting Carrier		230491	Filing Due Date for this form (mm/dd/yyyy)	Sept 2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Randolph Telephone Membership Corporation	
Signature of authorized officer		<i>Frankie L Cagle</i>		Date	05/15/2015
Printed name of authorized officer		Frankie L Cagle			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(336) 879-5684 ext.			
Study Area Code of Reporting Carrier	230496	Filing Due Date for this form (mm/dd/yyyy)	5/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Randolph Telephone Membership Corporation			
Signature of authorized officer <i>Frankie L. Cagle</i>	Date	9/4/15	
Printed name of authorized officer Frankie L. Cagle			
Title or position of authorized officer CEO/General Manager			
Telephone number of authorized officer: (336) 879-5684			
Study Area Code of Reporting Carrier	230496	Filing Due Date for this form (mm/dd/yyyy)	Sept 2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SURRY MEMBERSHIP**

Signature of Authorized Officer or employee: **Curtis Taylor**

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

Date: **5/15/2015**

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

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

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

Study Area Code of Reporting Carrier

230497

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/20/2015**

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

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

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

Study Area Code of Reporting Carrier

230502

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SURRY MEMBERSHIP**

Signature of Authorized Officer or employee: **Curtis Taylor**
Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/15/2015

Date: **5/15/2015**

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

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

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

Study Area Code of Reporting Carrier

230503

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TRI COUNTY TEL MEMBR**

Signature of Authorized Officer or employee: **Gregory Coltrain**
Digitally signed by Gregory Coltrain DN:cn=Gregory Coltrain,email=greg@gotricounty.biz,O=tri county tel membr,l=Belhaven NC 27810, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Gregory Coltrain**

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

Telephone number of Authorized Officer or employee: **252-964-8000**

Study Area Code of Reporting Carrier

230505

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WILKES MEMBERSHIP**

Signature of Authorized Officer or employee: **Eric Cramer**

Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkes.net,O=wilkes membership,lc=, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

230510

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

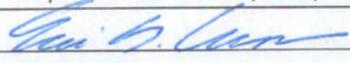
6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Wilkes Telephone Membership Corporation	
Signature of authorized officer				Date	09/03/2015
Printed name of authorized officer		Eric S. Cramer			
Title or position of authorized officer		Chief Executive Officer			
Telephone number of authorized officer:		(336) 973-3103			
Study Area Code of Reporting Carrier	230510	Filing Due Date for this form (mm/dd/yyyy)	Sept 2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Dewaine Wilson**
Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural coop,l= , Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Dewaine Wilson**

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

Telephone number of Authorized Officer or employee: **843 538-9382**

Study Area Code of Reporting Carrier

240536

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER



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

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

Name of Reporting Carrier				Piedmont Rural Telephone Cooperative, Inc.	
Signature of authorized officer			Date		5/20/15
Printed name of authorized officer			Kara E. Horner		
Title or position of authorized officer			Director of Finance		
Telephone number of authorized officer:			(864) 682-3131, ext.		
Study Area Code of Reporting Carrier		240538	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PBT TELECOM, INC.**

Signature of Authorized Officer or employee: **L. Spearman**
Digitally signed by L. Spearman DN:cn=L. Spearman,email=bspearman@pbttel.net,O=pbt telecom, inc.,l= , Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **L. Spearman**

Title or position of Authorized Officer or employee: **Director of Business Development**

Telephone number of Authorized Officer or employee: **803-894-1104**

Study Area Code of Reporting Carrier

240539

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Lee Chambers**
Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@shtc.net,O=sandhill tel coop,l=Jefferson SC 29718, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Lee Chambers**

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

Telephone number of Authorized Officer or employee: **843-658-6379**

Study Area Code of Reporting Carrier

240546

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WEST CAROLINA RURAL**

Signature of Authorized Officer or employee: **Jeff Wilson**

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

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Jeff Wilson**

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

Telephone number of Authorized Officer or employee: **864-446-9251**

Study Area Code of Reporting Carrier

240550

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville tel llc, Date:5/20/2015

Date: **5/20/2015**

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

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

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

Study Area Code of Reporting Carrier

250282

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

6/16/2015

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

2-5

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier		<i>Castleberry Telephone Co., Inc.</i>	
Signature of authorized officer	<i>Homer Holland</i>	Date	<i>5-16-15</i>
Printed name of authorized officer		<i>Homer Holland</i>	
Title or position of authorized officer		<i>Sec / Treas</i>	
Telephone number of authorized officer:		<i>(251) 966-2115</i>	
Study Area Code of Reporting Carrier	<i>250285</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2015</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 802, 803(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				National Telephone of Alabama, Inc.			
Signature of authorized officer			<i>James Garner</i>		Date		05/19/2015
Printed name of authorized officer				James Garner			
Title or position of authorized officer				Vice President of Operations			
Telephone number of authorized officer:				(601) 354-9070 EX.			
Study Area Code of Reporting Carrier		250286		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of authorized officer *Tyler Pair* Date **05/27/2015**

Printed name of authorized officer **Tyler Pair**

Title or position of authorized officer **Chief Financial Officer**

Telephone number of authorized officer: **(256) 638-2144, ext.**

Study Area Code of Reporting Carrier	250290	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
--------------------------------------	---------------	---	------------------

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

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Evelyn Causey**
Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecasey@htcnet.net,O=hayneville tel co,l=Hayneville AL 36040, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Evelyn Causey**

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

Telephone number of Authorized Officer or employee: **334-548-2101**

Study Area Code of Reporting Carrier

250299

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=hopper telecomm. llc, Date:5/20/2015

Date: **5/20/2015**

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

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

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

Study Area Code of Reporting Carrier

250300

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Bobby Williams**
Digitally signed by Bobby Williams DN:cn=Bobby Williams,email=bobbywilliams@millry.net,O=millry tel co,l=Millry AL 36558-0561, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Bobby Williams**

Title or position of Authorized Officer or employee: **Vice President and Assistant Secretary**

Telephone number of Authorized Officer or employee: **251-846-2911**

Study Area Code of Reporting Carrier

250304

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Teresa Rich**
Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel coop,l=Ramer AL 36069, Date:5/21/2015

Date: **5/21/2015**

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

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

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

Study Area Code of Reporting Carrier

250305

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/15/2015**

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

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

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

Study Area Code of Reporting Carrier

250307

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

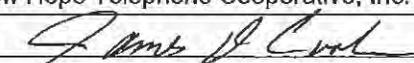
6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: New Hope Telephone Cooperative, Inc.			
Signature of authorized officer		Date	05/18/2015
Printed name of authorized officer: James D Cook			
Title or position of authorized officer: General Manager			
Telephone number of authorized officer: (256) 723-4211 , ext.			
Study Area Code of Reporting Carrier	250308	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/22/2015**

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

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

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

Study Area Code of Reporting Carrier

250315

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				RAGLAND TELEPHONE CO., INC.	
Signature of authorized officer		<i>Stephanie Jackson</i>		Date	05/22/15
Printed name of authorized officer		STEPHANIE JACKSON			
Title or position of authorized officer		VICE PRESIDENT			
Telephone number of authorized officer:		(205) 472-2141 ext.			
Study Area Code of Reporting Carrier	250316	Filing Due Date for this form (mm/dd/yyyy)	5/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: UNION SPRINGS TEL CO

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

Date: 5/18/2015

Printed name of Authorized Officer or employee: Larry Grogan

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 334-738-4400

Study Area Code of Reporting Carrier	250322		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	--------	--	--	-----------	--

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Randy Grogan**
Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural coop,l=La Center KY 42056, Date:5/26/2015

Date: **5/26/2015**

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

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

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

Study Area Code of Reporting Carrier

260396

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

6/16/2015

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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<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 Brandenburg Telephone Company, Inc.			
Signature of authorized officer <i>Allison Willoughby</i>		Date	05/19/2015
Printed name of authorized officer Allison Willoughby			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (279) 422-2121			
Study Area Code of Reporting Carrier	260398	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **DUO COUNTY TEL COOP**

Signature of Authorized Officer or employee: **Daryl Hammond**
Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel coop,l=Jamestown KY 42629, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Daryl Hammond**

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

Telephone number of Authorized Officer or employee: **270-343-3131**

Study Area Code of Reporting Carrier

260401

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Ruth Conley**
Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural coop,l=Staffordsville KY 41256, Date:5/27/2015

Date: **5/27/2015**

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

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

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

Study Area Code of Reporting Carrier

260406

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Date: **5/15/2015**

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

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

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

Study Area Code of Reporting Carrier

260413

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Mountain Rural Telephone Coop. Corp., Inc	
Signature of authorized officer			Date		05/22/2015
Printed name of authorized officer			Jimmie Jones		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(606) 743-3121 _{ext.}		
Study Area Code of Reporting Carrier		260414	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	

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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				PEOPLES RURAL TELEPHONE			
Signature of authorized officer			<i>Keith Gabbard</i>		Date		5/27/15
Printed name of authorized officer				KEITH GABBARD			
Title or position of authorized officer				CEO			
Telephone number of authorized officer:				(606) 287-7101 ext.			
Study Area Code of Reporting Carrier		260415		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **THACKER/GRIGSBY TEL**

Signature of Authorized Officer or employee: **William Grigsby**
Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,I=Hindman KY 41822, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **William Grigsby**

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

Telephone number of Authorized Officer or employee: **606-785-9500**

Study Area Code of Reporting Carrier

260419

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

6/16/2015

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



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				West Kentucky Rural Telephone Cooperative, Inc.	
Signature of authorized officer		<i>Todd Crandall</i>		Date	05/20/2015
Printed name of authorized officer		Todd Crandall			
Title or position of authorized officer		Chief Financial Officer			
Telephone number of authorized officer:		(270) 856-9983			
Study Area Code of Reporting Carrier	260421	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: CAMERON TEL CO - LA

Signature of Authorized Officer or employee: **Bruce Petry**

Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel co - la,l=Sulphur LA 70664-0167, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer or employee: Bruce Petry

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 337-583-2092

Study Area Code of Reporting Carrier

270425

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Tom Edens**

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

Date: **5/22/2015**

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

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

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

Study Area Code of Reporting Carrier

270426

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

6/16/2015

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

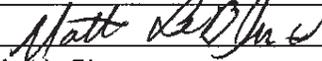
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Delcambre Telephone Co. LLC

Signature of authorized officer



Date

5/26/2015

Printed name of authorized officer

Matt LeBlanc

Title or position of authorized officer

President

Telephone number of authorized officer:

(337) 685-2311

Study Area Code of Reporting Carrier

270428

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Bruce Petry**
Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel co,l=Sulphur LA 70664-0167, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Bruce Petry**

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

Telephone number of Authorized Officer or employee: **337-583-2092**

Study Area Code of Reporting Carrier

270430

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Kaplan Telephone Company	
Signature of authorized officer		Date	05/18/2015
Printed name of authorized officer		Richard Constantin	
Title or position of authorized officer		Controller	
Telephone number of authorized officer: (337) 643-7171 ext.			
Study Area Code of Reporting Carrier	270432	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LAFOURCHE TEL CO**

Signature of Authorized Officer or employee: **Peter Louviere**

Digitally signed by Peter Louviere DN:cn=Peter Louviere,email=peter.louviere@corp.viscom.net,O=lafourche tel co,l=Larose LA 70373, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Peter Louviere**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **985-693-0265**

Study Area Code of Reporting Carrier

270433

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NORTHEAST LOUISIANA**

Signature of Authorized Officer or employee: **Mike George**

Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,l=Collinston LA 71229, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Mike George**

Title or position of Authorized Officer or employee: **President / General Manager**

Telephone number of Authorized Officer or employee: **318-874-7011**

Study Area Code of Reporting Carrier

270435

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **RESERVE TEL CO**

Signature of Authorized Officer or employee: **Scott Small**
Digitally signed by Scott Small DN:cn=Scott Small,email=ssmall@rtconline.com,O=reserve tel co,l=Reserve LA 70084-0519, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Scott Small**

Title or position of Authorized Officer or employee: **Exec. Vice President**

Telephone number of Authorized Officer or employee: **985-536-1326**

Study Area Code of Reporting Carrier

270438

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **STAR TEL CO**

Signature of Authorized Officer or employee: **Rebecca Knighten**
Digitally signed by Rebecca Knighten DN:cn=Rebecca Knighten,email=rebeccaknighten@star.brcoxmail.com,O=star tel co,l= , Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Rebecca Knighten**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **225-926-0191**

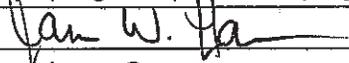
Study Area Code of Reporting Carrier	270441		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Bay Springs Telephone Company, Inc.	
Signature of authorized officer				Date	05/19/2015
Printed name of authorized officer		James Garner			
Title or position of authorized officer		Vice President of Operations			
Telephone number of authorized officer:		(601) 354-9070			
Study Area Code of Reporting Carrier	280446	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier					Bruce Telephone Company					
Signature of authorized officer				<i>Donna F Alexander</i>			Date		05/20/2015	
Printed name of authorized officer					Donna F Alexander					
Title or position of authorized officer					Executive Vice President					
Telephone number of authorized officer:					(601) 764-3463					
Study Area Code of Reporting Carrier			280447		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.										

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **DECATUR TEL CO -MS**

Signature of Authorized Officer or employee: **Esther Smith**

Digitally signed by Esther Smith DN:cn=Esther Smith,email=esther@decaturtelephone.com,O=decatur tel co -ms,I=Decatur MS 39327, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Esther Smith**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **601-635-2251**

Study Area Code of Reporting Carrier

280451

Filing Due Date for this form
(mm/dd/yyyy)

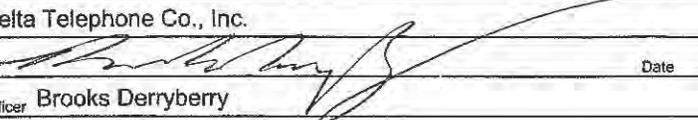
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: Delta Telephone Co., Inc.			
Signature of authorized officer: 		Date:	5/15/2015
Printed name of authorized officer: Brooks Derryberry			
Title or position of authorized officer: Vice President/General Manager			
Telephone number of authorized officer: (601) 355-1522 _{ext.}			
Study Area Code of Reporting Carrier:	280452	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Franklin Telephone Co., Inc.	
Signature of authorized officer		<i>Wade H. Creekmore, Jr.</i>		Date	5/15/2015
Printed name of authorized officer		Wade H. Creekmore, Jr.			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(601) 355-1522 ext.			
Study Area Code of Reporting Carrier	280454	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Fulton Telephone Company	
Signature of authorized officer		<i>Donna F. Alexander</i>		Date	05/20/2015
Printed name of authorized officer		Donna F Alexander			
Title or position of authorized officer		Executive Vice President			
Telephone number of authorized officer: (601) 764-3463					
Study Area Code of Reporting Carrier	280455	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **GEORGETOWN TEL CO**

Signature of Authorized Officer or employee: **Joie Miller**

Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlco.com,O=georgetown tel co,I=Georgetown MS 39078, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Joie Miller**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **601-858-2211**

Study Area Code of Reporting Carrier

280456

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LAKESIDE TEL. CO.**

Signature of Authorized Officer or employee: **Robert Sledge Jr.**
Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,l=Sunflower MS 38778, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Robert Sledge Jr.**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **662-569-3311**

Study Area Code of Reporting Carrier

280457

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NOXAPATER TEL CO**

Signature of Authorized Officer or employee: **John Pearce**
Digitally signed by John Pearce DN:cn=John Pearce,email=jpearce@bayspringstel.net,O=noxapater tel co,l=Bay Springs MS 39422, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **John Pearce**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **601-764-3171**

Study Area Code of Reporting Carrier

280461

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
<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 Mound Bayou Telephone & Communications, Inc.				
Signature of authorized officer <i>Donna F Alexander</i>			Date	05/20/2015
Printed name of authorized officer Donna F Alexander				
Title or position of authorized officer Executive Vice President				
Telephone number of authorized officer: (601) 764-3463				
Study Area Code of Reporting Carrier	280462	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SLEDGE TEL CO**

Signature of Authorized Officer or employee: **Robert Sledge Jr.**
Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel co,l=Sunflower MS 38778, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Robert Sledge Jr.**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **662-569-3311**

Study Area Code of Reporting Carrier

280466

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SMITHVILLE TEL CO

Signature of Authorized Officer or employee: **Roger Thompson**
Digitally signed by Roger Thompson DN:cn=Roger Thompson,email=rogert@traceroad.net,O=smithville tel co,l=Smithville MS 38870, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer or employee: Roger Thompson

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 662-651-4131

Study Area Code of Reporting Carrier

280467

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier					West Kentucky Rural Telephone Cooperative, Inc.				
Signature of authorized officer						Date		05/20/2015	
Printed name of authorized officer					Todd Crandall				
Title or position of authorized officer					Chief Financial Officer				
Telephone number of authorized officer:					(270) 856-9983, ext.				
Study Area Code of Reporting Carrier			290598		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>									



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Ben Lomand Rural Telephone Cooperative, Inc.	
Signature of authorized officer				Date	5/20/2015
Printed name of authorized officer		Ray Cantrell			
Title or position of authorized officer		General Manager / CEO			
Telephone number of authorized officer:		(931) 668-4131, ext.			
Study Area Code of Reporting Carrier	290553	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Bledsoe Telephone Cooperative, Inc.			
Signature of authorized officer			<i>John Lee Downey</i>		Date		5-19-15
Printed name of authorized officer			John Lee Downey				
Title or position of authorized officer			President				
Telephone number of authorized officer: (423) 447-2121, ext.							
Study Area Code of Reporting Carrier		290554		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Bledsoe Telephone Cooperative Corporation, Inc.	
Signature of authorized officer	<i>Charles H. Boring</i>	Date	September 9, 2015
Printed name of authorized officer		Charles H. Boring	
Title or position of authorized officer		General Manager	
Telephone number of authorized officer:		(423) 447-2121 ext.	
Study Area Code of Reporting Carrier	290554	Filing Due Date for this form (mm/dd/yyyy)	Sept 2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

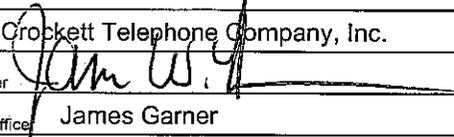
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Crockett Telephone Company, Inc.			
Signature of authorized officer			<i>James Garner</i>		Date		05/19/2015
Printed name of authorized officer				James Garner			
Title or position of authorized officer				Vice President of Operations			
Telephone number of authorized officer:				(601) 354-9070			
Study Area Code of Reporting Carrier		290561		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Crockett Telephone Company, Inc.			
Signature of authorized officer					Date		September 8, 2015
Printed name of authorized officer				James Garner			
Title or position of authorized officer				Vice President of Operations			
Telephone number of authorized officer:				(601) 354-9070 _{ext.}			
Study Area Code of Reporting Carrier		290561		Filing Due Date for this form (mm/dd/yyyy)		Sept 2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **DEKALB TEL COOP**

Signature of Authorized Officer or employee: **Joe Mitchell**
Digitally signed by Joe Mitchell DN:cn=Joe Mitchell,email=joem@dtccom.net,O=dekalb tel coop,l=Alesandria TN 37012, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Joe Mitchell**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **615-464-2254**

Study Area Code of Reporting Carrier

290562

Filing Due Date for this form
 (mm/dd/yyyy)

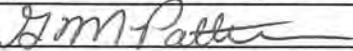
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Highland Telephone Cooperative, Inc.			
Signature of authorized officer					Date		5/19/2015
Printed name of authorized officer				G. Mark Patterson			
Title or position of authorized officer				Chief Executive Officer - General Manager			
Telephone number of authorized officer:				(423) 628-2121 ext.			
Study Area Code of Reporting Carrier		290565		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Highland Telephone Cooperative, Inc.	
Signature of authorized officer			Date		9/10/2015
Printed name of authorized officer			G Mark Patterson		
Title or position of authorized officer			CEO - General Manager		
Telephone number of authorized officer:			(423) 628-2121 ext.		
Study Area Code of Reporting Carrier		290565	Filing Due Date for this form (mm/dd/yyyy)	Sept 2015	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LORETTO TEL CO**

Signature of Authorized Officer or employee: **Desda Hutchins**
Digitally signed by Desda Hutchins DN:cn=Desda Hutchins,email=desda@lorettotel.net,O=Loretto tel co,l=Loretto TN 38469, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Desda Hutchins**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **931-853-4351**

Study Area Code of Reporting Carrier

290570

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Loretto Telephone Company	
Signature of authorized officer		Desda K. Hutchins		Date	09/10/15
Printed name of authorized officer		Desda K. Hutchins			
Title or position of authorized officer		Chief Financial Officer			
Telephone number of authorized officer:		931.853-4351 ext.			
Study Area Code of Reporting Carrier	290570	Filing Due Date for this form (mm/dd/yyyy)	Sept 2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NORTH CENTRAL COOP**

Signature of Authorized Officer or employee: **Johnny McClanahan**
Digitally signed by Johnny McClanahan DN:cn=Johnny McClanahan,email=johnny.mcclanahan@nctc.com,O=north central coop,l=Lafayette TN 37083, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Johnny McClanahan**

Title or position of Authorized Officer or employee: **VP Finance and Adm. Services**

Telephone number of Authorized Officer or employee: **615-666-2151**

Study Area Code of Reporting Carrier

290573

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

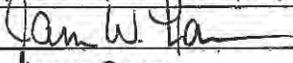
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<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 North Central Telephone Cooperative, Inc.			
Signature of authorized officer <i>Johnny L. McClanahan</i>		Date	09/8/15
Printed name of authorized officer Johnny L. McClanahan			
Title or position of authorized officer VP Finance and Administrative Services			
Telephone number of authorized officer: (615) 666-2151 ext.			
Study Area Code of Reporting Carrier	290573	Filing Due Date for this form (mm/dd/yyyy)	Sept 2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Peoples Telephone Company			
Signature of authorized officer					Date	05/19/2015	
Printed name of authorized officer				James Garner			
Title or position of authorized officer				Vice President of Operations			
Telephone number of authorized officer:				(601) 354-9070			
Study Area Code of Reporting Carrier		290576	Filing Due Date for this form (mm/dd/yyyy)	6/15/2015			

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Peoples Telephone Company	
Signature of authorized officer			Date		September 8, 2015
Printed name of authorized officer			James Garner		
Title or position of authorized officer			Vice President of Operations		
Telephone number of authorized officer: (601) 354-9070					
Study Area Code of Reporting Carrier		290576	Filing Due Date for this form (mm/dd/yyyy)	Sept 2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TWIN LAKES TEL COOP**

Signature of Authorized Officer or employee: **Jonathan West**
Digitally signed by Jonathan West DN:cn=Jonathan West,email=jwest@twlakes.coop,O=twin lakes tel coop,l=Gainesboro TN 38562, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Jonathan West**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **931-268-2151**

Study Area Code of Reporting Carrier

290579

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **UTC-TN-UNITED COMM**

Signature of Authorized Officer or employee: **Tommy Welch**

Digitally signed by Tommy Welch DN:cn=Tommy Welch,email=twelch@utcoffice.net,O=utc-tn-united comm,I=Chapel Hill TN 37034, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Tommy Welch**

Title or position of Authorized Officer or employee: **Finance and Administration Manager**

Telephone number of Authorized Officer or employee: **931-364-4324**

Study Area Code of Reporting Carrier

290581

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

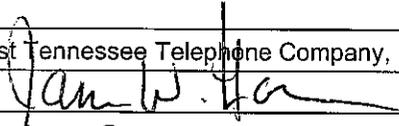
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				West Tennessee Telephone Company, Inc.			
Signature of authorized officer					Date		05/19/2015
Printed name of authorized officer			James Garner				
Title or position of authorized officer			Vice President of Operations				
Telephone number of authorized officer:			(601) 354-9070				
Study Area Code of Reporting Carrier		290583	Filing Due Date for this form (mm/dd/yyyy)		5/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				West Tennessee Telephone Company, Inc.			
Signature of authorized officer					Date		September 8, 2015
Printed name of authorized officer				James Garner			
Title or position of authorized officer				Vice President of Operations			
Telephone number of authorized officer: (601) 354-9070 ext.							
Study Area Code of Reporting Carrier		290583		Filing Due Date for this form (mm/dd/yyyy)		Sept 2015	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier					West Kentucky Rural Telephone Cooperative, Inc.				
Signature of authorized officer						Date		05/20/2015	
Printed name of authorized officer					Todd Crandall				
Title or position of authorized officer					Chief Financial Officer				
Telephone number of authorized officer:					(270) 856-9983, ext.				
Study Area Code of Reporting Carrier			290598		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>									

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **THE ARTHUR MUTUAL**

Signature of Authorized Officer or employee: **Eric Roughton**

Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual, Date:5/16/2015

Date: **5/16/2015**

Printed name of Authorized Officer or employee: **Eric Roughton**

Title or position of Authorized Officer or employee: **General Manager/Sec'y/Treasurer**

Telephone number of Authorized Officer or employee: **419-393-2233**

Study Area Code of Reporting Carrier

300586

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				The Arthur Mutual Telephone Company	
Signature of authorized officer		<i>Eric Roughton</i>		Date	3/29/2016
Printed name of authorized officer		Eric Roughton			
Title or position of authorized officer		General Manager/Secretary/Treasurer			
Telephone number of authorized officer:		(419) 393-2233			
Study Area Code of Reporting Carrier	300586	Filing Due Date for this form (mm/dd/yyyy)	3/31/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **AYERSVILLE TEL CO**

Signature of Authorized Officer or employee: **Phil Maag**

Digitally signed by Phil Maag DN:cn=Phil
 Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel
 co,l= , Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Phil Maag**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **419-395-2222**

Study Area Code of Reporting Carrier

300588

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BASCOM MUTUAL TEL CO**

Signature of Authorized Officer or employee: **Kathy Reinhart**
Digitally signed by Kathy Reinhart DN:cn=Kathy Reinhart,email=kmr@bascomtelephone.com,O=bascom mutual tel co,l=Bascom OH 44809, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Kathy Reinhart**

Title or position of Authorized Officer or employee: **Assistant General Manager**

Telephone number of Authorized Officer or employee: **419-937-2222**

Study Area Code of Reporting Carrier

300589

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BENTON RIDGE TEL CO**

Signature of Authorized Officer or employee: **Mark Miller**

Digitally signed by Mark Miller DN:cn=Mark Miller,email=mmiller@watchtv.net,O=benton ridge tel co,l=Benton Ridge OH 45816, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Mark Miller**

Title or position of Authorized Officer or employee: **CFO/VP/Treasurer**

Telephone number of Authorized Officer or employee: **419-859-2144**

Study Area Code of Reporting Carrier

300590

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier			
I certify that (Name of Agent) <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.			
Name of Authorized Agent: <u>National Exchange Carrier Association, Inc. (NECA)</u>			
Name of Reporting Carrier: <u>Buckland Telephone Company</u>			
Signature of Authorized Officer: <u><i>Douglas G. Place</i></u>			Date: <u>5/26/15</u>
Printed name of Authorized Officer: <u>Douglas G. Place</u>			
Title or position of Authorized Officer: <u>General Manager</u>			
Telephone number of Authorized Officer: <u>(419) 657-2222 ext</u>			
Study Area Code of Reporting Carrier	<u>300591</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/26/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **THE CHAMPAIGN TEL CO**

Signature of Authorized Officer or employee: **Tiffany Ebersold**
Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Tiffany Ebersold**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **937-653-2263**

Study Area Code of Reporting Carrier

300594

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MCCLURE TEL CO**

Signature of Authorized Officer or employee: **Lance Miller**

Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel co,I=McClure OH 43534-0026, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Lance Miller**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **419-748-8032**

Study Area Code of Reporting Carrier

300598

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CONNEAUT TEL CO**

Signature of Authorized Officer or employee: **Deanna Brown**

Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@suite224.net,O=conneaut tel co,l=Conneaut OH 44030, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Deanna Brown**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **440-593-7138**

Study Area Code of Reporting Carrier

300606

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER



Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Doylestown Telephone Co.	
Signature of authorized officer			Date		5/20/15
Printed name of authorized officer					
Thomas J. Brockman					
Title or position of authorized officer					
President					
Telephone number of authorized officer: (330) 658-2121 ext.					
Study Area Code of Reporting Carrier		300609	Filing Due Date for this form (mm/dd/yyyy)	5/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FARMERS MUTUAL TEL**

Signature of Authorized Officer or employee: **Cheryl Bostelman**
Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman, email=cbos@fmtc.cc, O=farmers mutual tel, l=Okolona OH 43550, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Cheryl Bostelman**

Title or position of Authorized Officer or employee: **Secretary/General Manager**

Telephone number of Authorized Officer or employee: **419-758-3322**

Study Area Code of Reporting Carrier

300612

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FORT JENNINGS TEL CO**

Signature of Authorized Officer or employee: **Michael Metzger**
Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort jennings tel co,l=Ft. Jennings OH 45844-0146, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Michael Metzger**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **419-286-2181**

Study Area Code of Reporting Carrier

300614

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Glandorf Telephone Company, Inc.	
Signature of authorized officer		<i>Randa Heikman</i>		Date	5-21-15
Printed name of authorized officer		Linda Heikman			
Title or position of authorized officer		V. President			
Telephone number of authorized officer:		419,538 6837, ext.			
Study Area Code of Reporting Carrier	300619	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **KALIDA TEL CO**

Signature of Authorized Officer or employee: **Chris Phillips**

Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel co,l=Kalida OH 45853, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Chris Phillips**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **419-532-3218**

Study Area Code of Reporting Carrier

300625

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: MIDDLE POINT HOME

Signature of Authorized Officer or employee: Bruce Hanson

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home,l= , Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer or employee: Bruce Hanson

Title or position of Authorized Officer or employee: Treasurer

Telephone number of Authorized Officer or employee: 320-847-2211

Study Area Code of Reporting Carrier

300633

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MINFORD TEL CO**

Signature of Authorized Officer or employee: **Paula McGraw**
Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel co,l=Minford OH 45653, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Paula McGraw**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **740-820-2151**

Study Area Code of Reporting Carrier

300634

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **THE NEW KNOXVILLE**

Signature of Authorized Officer or employee: **Preston Meyer**

Digitally signed by Preston Meyer DN:cn=Preston Meyer,email=preston@nktelco.net,O=the new knoxville,l=New Knoxville OH 45871-0219, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Preston Meyer**

Title or position of Authorized Officer or employee: **Sales Manager/Chief Operating Officer**

Telephone number of Authorized Officer or employee: **419-753-2457**

Study Area Code of Reporting Carrier

300639

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **THE NOVA TEL CO**

Signature of Authorized Officer or employee: **Charles Mattingly**
Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=charlie@vncenterprises.com,O=the nova tel co,l=Judson TX 75660, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Charles Mattingly**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **903-452-3258**

Study Area Code of Reporting Carrier

300644

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **OTTOVILLE MUTUAL**

Signature of Authorized Officer or employee: **William Honigford**
Digitally signed by William Honigford DN:cn=William Honigford,email=tomtc@bright.net,O=ottoville mutual,j=Ottoville OH 45876-0427, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **William Honigford**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **419-453-3324**

Study Area Code of Reporting Carrier

300650

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PATTERSONVILLE TEL**

Signature of Authorized Officer or employee: **Aaron Jones**

Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel,I=Carrollton OH 44615, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Aaron Jones**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **330-895-4391**

Study Area Code of Reporting Carrier

300651

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Ridgeville Telephone Company	
Signature of authorized officer		<i>Matthew Eggers</i>		Date	5/21/2015
Printed name of authorized officer		Matthew Eggers			
Title or position of authorized officer		President, Board of Directors			
Telephone number of authorized officer:		(419) 267-5185 ext.			
Study Area Code of Reporting Carrier	300654	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SHERWOOD MUTUAL TEL**

Signature of Authorized Officer or employee: **Lynn Bergman**

Digitally signed by Lynn Bergman DN:cn=Lynn Bergman,email=lynnbergman@smta.cc,O=sherwood mutual tel,l=Sherwood OH 43556, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Lynn Bergman**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **419-899-2121**

Study Area Code of Reporting Carrier

300656

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SYCAMORE TEL CO**

Signature of Authorized Officer or employee: **Steven Ekleberry**
Digitally signed by Steven Ekleberry DN:cn=Steven Ekleberry,email=steve.ekleberry@sycltelco.com,O=sycamore tel co,l= , Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Steven Ekleberry**

Title or position of Authorized Officer or employee: **General Manager/Treasurer**

Telephone number of Authorized Officer or employee: **419-927-6012**

Study Area Code of Reporting Carrier

300658

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TELEPHONE SERVICE**

Signature of Authorized Officer or employee: **Bruce Hanson**

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,l= , Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier

300659

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: VAUGHNSVILLE TEL CO

Signature of Authorized Officer or employee: **Martha Kaplan**
Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vtelco@bright.net,O=vaughnsville tel co,l=Vaughnsville OH 45893-0127, Date:5/15/2015

Date: 5/15/2015

Printed name of Authorized Officer or employee: Martha Kaplan

Title or position of Authorized Officer or employee: Manager/Secretary/Treasurer

Telephone number of Authorized Officer or employee: 419-646-3431

Study Area Code of Reporting Carrier

300663

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WABASH MUTUAL TEL CO**

Signature of Authorized Officer or employee: **Mike Boley**

Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel co,l= , Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Mike Boley**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **419-942-1111**

Study Area Code of Reporting Carrier

300664

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ALLBAND COMM COOP**

Signature of Authorized Officer or employee: **Ron Siegel**
Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop,l= , Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Ron Siegel**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **989-369-9999**

Study Area Code of Reporting Carrier

310542

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: ACE-MI ALLENDALE

Signature of Authorized Officer or employee: **Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi allendale,l=Houston MN 55943-0360, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer or employee: Todd Roesler

Title or position of Authorized Officer or employee: Chief Executive Officer

Telephone number of Authorized Officer or employee: 507-896-6292

Study Area Code of Reporting Carrier

310669

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Baraga Telephone Company, Inc.	
Signature of authorized officer			Date		5/26/2015
Printed name of authorized officer Paul W. Stark					
Title or position of authorized officer President					
Telephone number of authorized officer: (906) 353-6644 ext. 40					
Study Area Code of Reporting Carrier		310675	Filing Due Date for this form (mm/dd/yyyy)		6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BARRY COUNTY TEL CO**

Signature of Authorized Officer or employee: **David Stoll**

Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel co,I=Delton MI 49046, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **David Stoll**

Title or position of Authorized Officer or employee: **GM/CEO**

Telephone number of Authorized Officer or employee: **269-623-9971**

Study Area Code of Reporting Carrier

310676

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BLANCHARD TEL. CO.**

Signature of Authorized Officer or employee: **Duane Bronson**
Digitally signed by Duane Bronson DN:cn=Duane Bronson,email=blanchardtel@power-net.net,O=blanchard tel. co.,l=Blanchard MI 49310-0067, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Duane Bronson**

Title or position of Authorized Officer or employee: **VP / General Manager**

Telephone number of Authorized Officer or employee: **989-561-9930**

Study Area Code of Reporting Carrier

310678

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BLOOMINGDALE TEL CO**

Signature of Authorized Officer or employee: **Steve Shults**

Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomingdale tel co, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Steve Shults**

Title or position of Authorized Officer or employee: **Assistant Treasurer**

Telephone number of Authorized Officer or employee: **269-521-7313**

Study Area Code of Reporting Carrier

310679

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Carr Telephone Company	
Signature of authorized officer		<i>Teresa Bogner</i>		Date	05/18/2015
Printed name of authorized officer		Teresa Bogner			
Title or position of authorized officer		Secretary			
Telephone number of authorized officer:		(231) 898-2244 ext.			
Study Area Code of Reporting Carrier	310683	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CLIMAX TEL CO**

Signature of Authorized Officer or employee: **Kevin Doyle**
Digitally signed by Kevin Doyle DN:cn=Kevin Doyle,email=kdoyle@ctstelecom.com,O=climax tel co, Inc., Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Kevin Doyle**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **269-746-3244**

Study Area Code of Reporting Carrier

310688

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **DEERFIELD FARMERS**

Signature of Authorized Officer or employee: **David LaRocca**

Digitally signed by David LaRocca DN:cn=David LaRocca,email=dave@cass.net,O=deerfield farmers, Inc., Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **David LaRocca**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **734-279-1339**

Study Area Code of Reporting Carrier

310691

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ACE-MI DRENTHÉ**

Signature of Authorized Officer or employee: **Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi drenthe,l=Houston MN 55943-0360, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Todd Roesler**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **507-896-6292**

Study Area Code of Reporting Carrier

310692

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Farmers Mutual dba Chapin Telephone Company			
Signature of authorized officer			<i>Laurie S. Ringle</i>		Date		5/20/15
Printed name of authorized officer			Laurie S. Ringle				
Title or position of authorized officer			Treasurer				
Telephone number of authorized officer			(989) 661-2476				
Study Area Code of Reporting Carrier		310694		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				KALEVA TELEPHONE COMPANY	
Signature of authorized officer		<i>Jack C. Schaefer</i>		Date	05/26/2015
Printed name of authorized officer		JACK C. SCHAEFER			
Title or position of authorized officer		CONTROLLER			
Telephone number of authorized officer:		(231) 362-3111			
Study Area Code of Reporting Carrier	310703	Filing Due Date for this form (mm/dd/yyyy)	5/16/2015		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: ACE TEL OF MICHIGAN

Signature of Authorized Officer or employee: **Todd Roesler**
Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel of michigan,l=Houston MN 55943-0360, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer or employee: Todd Roesler

Title or position of Authorized Officer or employee: Chief Executive Officer

Telephone number of Authorized Officer or employee: 507-896-6292

Study Area Code of Reporting Carrier

310704

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Lennon Telephone Company	
Signature of authorized officer		<i>Jacqueline Bowden</i>		Date	5/18/2015
Printed name of authorized officer		Jacqueline Bowden			
Title or position of authorized officer		President			
Telephone number of authorized officer: (810) 621-3301 ext.					
Study Area Code of Reporting Carrier		310708	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MIDWAY TEL CO**

Signature of Authorized Officer or employee: **Camie Nebel-Conklin**
Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel co,l= , Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Camie Nebel-Conklin**

Title or position of Authorized Officer or employee: **Vice President/Chief Financial Officer**

Telephone number of Authorized Officer or employee: **906-387-9911**

Study Area Code of Reporting Carrier	310711		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **HIAWATHA TEL CO**

Signature of Authorized Officer or employee: **Camie Nebel-Conklin**
Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha tel co, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Camie Nebel-Conklin**

Title or position of Authorized Officer or employee: **Vice President/Chief Financial Officer**

Telephone number of Authorized Officer or employee: **906-387-9911**

Study Area Code of Reporting Carrier

310713

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **OGDEN TEL CO**

Signature of Authorized Officer or employee: **Linda Corie**

Digitally signed by Linda Corie DN:cn=Linda Corie,email=corie@ogdentel.com,O=ogden tel co,lc= , Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Linda Corie**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **517-443-5595**

Study Area Code of Reporting Carrier

310714

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ONTONAGON COUNTY TEL**

Signature of Authorized Officer or employee: **Camie Nebel-Conklin**
Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Camie Nebel-Conklin**

Title or position of Authorized Officer or employee: **Vice President/Chief Financial Officer**

Telephone number of Authorized Officer or employee: **906-387-9911**

Study Area Code of Reporting Carrier

310717

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PIGEON TEL CO**

Signature of Authorized Officer or employee: **Neal Eichler**

Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel co,l=Pigeon MI 48755, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Neal Eichler**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **989-453-4391**

Study Area Code of Reporting Carrier

310721

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SAND CREEK TEL CO**

Signature of Authorized Officer or employee: **Harvey Souders**
Digitally signed by Harvey Souders DN:cn=Harvey Souders,email=souders@sandcreektelco.com,O=sand creek tel co,l=Sand Creek MI 49279-0066, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Harvey Souders**

Title or position of Authorized Officer or employee: **Vice President/General Manager**

Telephone number of Authorized Officer or employee: **517-436-3130**

Study Area Code of Reporting Carrier

310725

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SPRINGPORT TEL CO**

Signature of Authorized Officer or employee: **Mark Cutler**

Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel co,l=Springport MI 49284-0208, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Mark Cutler**

Title or position of Authorized Officer or employee: **Accountant**

Telephone number of Authorized Officer or employee: **517-857-3100**

Study Area Code of Reporting Carrier

310728

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **UPPER PENINSULA TEL**

Signature of Authorized Officer or employee: **David Hoover**

Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=upper peninsula tel, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **David Hoover**

Title or position of Authorized Officer or employee: **President and General Manager**

Telephone number of Authorized Officer or employee: **906-639-2111**

Study Area Code of Reporting Carrier

310732

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WALDRON TEL CO**

Signature of Authorized Officer or employee: **Lucinda Bernath**
Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel co,l=Waldron MI 49288-0197, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Lucinda Bernath**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **517-286-6211**

Study Area Code of Reporting Carrier

310734

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WESTPHALIA TEL CO**

Signature of Authorized Officer or employee: **David Fox**

Digitally signed by David Fox DN:cn=David Fox,email=dfox@comlink.net,O=westphalia tel co, Inc., Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **David Fox**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **517-679-7507**

Study Area Code of Reporting Carrier

310735

Filing Due Date for this form (mm/dd/yyyy)

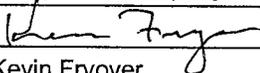
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Winn Telephone Company			
Signature of authorized officer					Date		5/27/15
Printed name of authorized officer			Kevin Fryover				
Title or position of authorized officer			Manager				
Telephone number of authorized officer: (248) 928-4191 ext.							
Study Area Code of Reporting Carrier		310737		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ACE-MI OLD MISSION**

Signature of Authorized Officer or employee: **Todd Roesler**
Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi old mission,l=Houston MN 55943-0360, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Todd Roesler**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **507-896-6292**

Study Area Code of Reporting Carrier

310777

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MCBC**

Signature of Authorized Officer or employee: **David Hoover**

Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=mcbc,l= , Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **David Hoover**

Title or position of Authorized Officer or employee: **President and General Manager**

Telephone number of Authorized Officer or employee: **877-216-0502**

Study Area Code of Reporting Carrier

310785

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BLOOMINGDALE HOME**

Signature of Authorized Officer or employee: **Ronja Branson**
Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingdaletel.com,O=bloomingdale home,l=Bloomington IN 47832, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Ronja Branson**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **765-498-2000**

Study Area Code of Reporting Carrier

320742

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CITIZENS TEL CORP**

Signature of Authorized Officer or employee: **Joan Paxson**
Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citiznet.com,O=citizens tel corp,I=Warren IN 46792, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Joan Paxson**

Title or position of Authorized Officer or employee: **Secretary, Office Manager**

Telephone number of Authorized Officer or employee: **260-375-2111**

Study Area Code of Reporting Carrier

320751

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CLAY DBA ENDEAVOR**

Signature of Authorized Officer or employee: **Ralph Cunha**
Digitally signed by Ralph Cunha DN:cn=Ralph Cunha,email=rcunha@weEndeavor.com,O=clay dba endeavor,l=Cloverdale IN 46120-0237, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Ralph Cunha**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **765-795-4261**

Study Area Code of Reporting Carrier

320753

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CRAIGVILLE TEL CO**

Signature of Authorized Officer or employee: **Lee Von Gunten**
Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel co,l=Craigville IN 46731, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Lee Von Gunten**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **260-565-3131**

Study Area Code of Reporting Carrier

320756

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **DAVISS-MARTIN/RTC**

Signature of Authorized Officer or employee: **Stephen Bartlett**
Digitally signed by Stephen Bartlett DN:cn=Stephen Bartlett,email=sbartlett@rtccom.com,O=daviess-martin/rtc,I=Montgomery IN 47558, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Stephen Bartlett**

Title or position of Authorized Officer or employee: **EVP**

Telephone number of Authorized Officer or employee: **812-486-3211**

Study Area Code of Reporting Carrier

320759

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **GEETINGSVILLE TEL CO**

Signature of Authorized Officer or employee: **Steve Scott**

Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co, Inc., Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Steve Scott**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **765-258-3111**

Study Area Code of Reporting Carrier

320771

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Hancock Rural Telephone Corp d/b/a NineStar Connect			
Signature of authorized officer					Date	5/27/2015	
Printed name of authorized officer			Michael R. Burrow				
Title or position of authorized officer			President & CEO				
Telephone number of authorized officer:			(317) 326-3131 ext.				
Study Area Code of Reporting Carrier		320775		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LIGONIER TEL CO**

Signature of Authorized Officer or employee: **Donald Johnson**
Digitally signed by Donald Johnson DN:cn=Donald Johnson,email=djohnson@ligtel.net,O=ligonier tel co,l= , Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Donald Johnson**

Title or position of Authorized Officer or employee: **General Manager/Vice President**

Telephone number of Authorized Officer or employee: **260-894-7161**

Study Area Code of Reporting Carrier

320783

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MONON TEL CO**

Signature of Authorized Officer or employee: **Bruce Hanway**
Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel co,I=Monon IN 47959, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Bruce Hanway**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **219-253-6601**

Study Area Code of Reporting Carrier

320790

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MULBERRY COOP TEL CO**

Signature of Authorized Officer or employee: **Randy Maish**

Digitally signed by Randy Maish DN:cn=Randy Maish,email=randy@mintel.net,O=mulberry coop tel co,I=Mulberry IN 46058-0370, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Randy Maish**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **765-296-2885**

Study Area Code of Reporting Carrier

320792

Filing Due Date for this form
(mm/dd/yyyy)

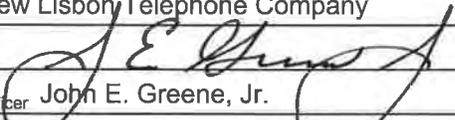
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				New Lisbon Telephone Company	
Signature of authorized officer				Date	May 26, 2015
Printed name of authorized officer		John E. Greene, Jr.			
Title or position of authorized officer		CEO and General Manager			
Telephone number of authorized officer: (765) 591-6433					
Study Area Code of Reporting Carrier	320796	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NEW PARIS TEL INC**

Signature of Authorized Officer or employee: **Paul Penrose**

Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel inc,l=New Paris IN 46553-0047, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Paul Penrose**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **574-831-7115**

Study Area Code of Reporting Carrier

320797

Filing Due Date for this form
(mm/dd/yyyy)

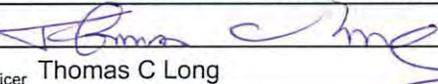
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

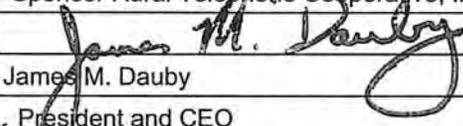
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Northwestern Indiana Telephone Company Inc.	
Signature of authorized officer				Date	5/26/2015
Printed name of authorized officer		Thomas C Long			
Title or position of authorized officer		COO			
Telephone number of authorized officer: (219) 996-2981 ext.					
Study Area Code of Reporting Carrier	320800	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Perry-Spencer Rural Telephone Cooperative, Inc.			
Signature of authorized officer				Date		05/27/2015	
Printed name of authorized officer				James M. Dauby			
Title or position of authorized officer				President and CEO			
Telephone number of authorized officer:				(812) 357-2123			
Study Area Code of Reporting Carrier		320807		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PULASKI-WHITE RURAL

Signature of Authorized Officer or employee: **Mark Dickerson**
Digitally signed by Mark Dickerson DN:cn=Mark Dickerson,email=mdickerson@pwrct.net,O=pulaski-white rural,l=Buffalo IN 47925, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer or employee: Mark Dickerson

Title or position of Authorized Officer or employee: President/CEO

Telephone number of Authorized Officer or employee: 574-278-7121

Study Area Code of Reporting Carrier

320813

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ROCHESTER TEL CO**

Signature of Authorized Officer or employee: **Greta Lynch**

Digitally signed by Greta Lynch DN:cn=Greta Lynch,email=greta.lynych@rtc1.com,O=rochester tel co,I=Rochester IN 46975-0507, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Greta Lynch**

Title or position of Authorized Officer or employee: **VP-Finance**

Telephone number of Authorized Officer or employee: **574-223-0238**

Study Area Code of Reporting Carrier

320815

Filing Due Date for this form
(mm/dd/yyyy)

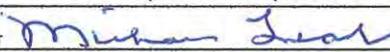
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				SEI Rural Telephone Cooperative, Inc.	
Signature of authorized officer				Date	5/21/2015
Printed name of authorized officer		Michael Leach			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(812) 667-5100 ext.			
Study Area Code of Reporting Carrier	320819	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SUNMAN TELECOMM CORP**

Signature of Authorized Officer or employee: **Michael Alig**

Digitally signed by Michael Alig DN:cn=Michael Alig,email=malig@etc1.net,O=sunman telecomm corp,l=Sunman IN 47041, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Michael Alig**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **812-623-2122**

Study Area Code of Reporting Carrier

320825

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SWAYZEE TEL CO**

Signature of Authorized Officer or employee: **Timothy Miles**

Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel co,l= , Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Timothy Miles**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **765-922-7916**

Study Area Code of Reporting Carrier

320826

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SWEETSER RURAL TEL**

Signature of Authorized Officer or employee: **Scott Winger**
Digitally signed by Scott Winger DN:cn=Scott Winger,email=sweetser@comteck.com,O=sweetser rural tel,l=Sweetser IN 46987, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Scott Winger**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **765-384-4311**

Study Area Code of Reporting Carrier

320827

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Washington County Rural Telephone Cooperative, Inc			
Signature of authorized officer			Date		5/18/15		
Printed name of authorized officer			Roland King				
Title or position of authorized officer			President				
Telephone number of authorized officer:			8129673171				
Study Area Code of Reporting Carrier		320834		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: YEOMAN TEL CO, INC

Signature of Authorized Officer or employee: **David Blacker**
Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytc.com,O=yeoman tel co, inc,l= , Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer or employee: David Blacker

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 574-965-2100

Study Area Code of Reporting Carrier

320839

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **AMERY TELCOM, INC.**

Signature of Authorized Officer or employee: **Michael Jensen**
Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Michael Jensen**

Title or position of Authorized Officer or employee: **President & General Manager**

Telephone number of Authorized Officer or employee: **715-268-7101**

Study Area Code of Reporting Carrier	330842		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **AMHERST TEL CO**

Signature of Authorized Officer or employee: **Carl Bohman**

Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=cbohman@wi-net.com,O=amherst tel co,l=Amherst WI 54406-0279, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Carl Bohman**

Title or position of Authorized Officer or employee: **President & General Manager**

Telephone number of Authorized Officer or employee: **715-824-5529**

Study Area Code of Reporting Carrier

330843

Filing Due Date for this form
(mm/dd/yyyy)

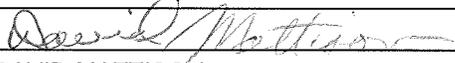
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				BALDWIN TELECOM, INC.			
Signature of authorized officer				Date		05/21/2015	
Printed name of authorized officer				DAVID MATTISON			
Title or position of authorized officer				PRESIDENT			
Telephone number of authorized officer:				(715) 684-3346			
Study Area Code of Reporting Carrier		330846		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BELMONT TEL CO**

Signature of Authorized Officer or employee: **Deb Egli**
Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=belmont tel co,l=Cuba City WI 53807, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Deb Egli**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **608-744-3500**

Study Area Code of Reporting Carrier

330847

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BERGEN TEL CO**

Signature of Authorized Officer or employee: **Brad Ellefson**
Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel co,I=Sharon WI 53585, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Brad Ellefson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **262-736-9981**

Study Area Code of Reporting Carrier

330848

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BLOOMER TEL CO**

Signature of Authorized Officer or employee: **Jim Smart**

Digitally signed by Jim Smart DN:cn=Jim Smart,email=jrs@bloomer.net,O=bloomer tel co,l= , Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Jim Smart**

Title or position of Authorized Officer or employee: **Vice President/General Manager**

Telephone number of Authorized Officer or employee: **715-568-4830**

Study Area Code of Reporting Carrier

330850

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BRUCE TEL CO, INC**

Signature of Authorized Officer or employee: **John Manosky**
Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel co, inc,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **John Manosky**

Title or position of Authorized Officer or employee: **President & General Manager**

Telephone number of Authorized Officer or employee: **715-868-5111**

Study Area Code of Reporting Carrier

330855

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CHEQUAMEGON COM COOP**

Signature of Authorized Officer or employee: **Ray Schindler**
Digitally signed by Ray Schindler DN:cn=Ray Schindler,email=rschindler@norvado.com,O=chequamegon com coop, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Ray Schindler**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **715-798-3303**

Study Area Code of Reporting Carrier

330860

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CHIBARDUN TEL COOP**

Signature of Authorized Officer or employee: **N. Scott Behn**
Digitally signed by N. Scott Behn DN:cn=N. Scott Behn,email=sbehn@mosaictelcom.com,O=chibardun tel coop,l=Cameron WI 54822-0664, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **N. Scott Behn**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **715-458-5400**

Study Area Code of Reporting Carrier

330861

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CITIZENS TEL COOP-WI**

Signature of Authorized Officer or employee: **Dennis Bachman**
Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel coop-wi,l=New Auburn WI 54757-0127, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Dennis Bachman**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **715-237-2605**

Study Area Code of Reporting Carrier

330863

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: CLEAR LAKE TEL CO-WI

Signature of Authorized Officer or employee: **Tim Kusilek**

Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake tel co-wi,|=Clear Lake WI 54005, Date:5/26/2015

Date: 5/26/2015

Printed name of Authorized Officer or employee: Tim Kusilek

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 715-263-2755

Study Area Code of Reporting Carrier

330865

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **COCHRANE COOP TEL CO**

Signature of Authorized Officer or employee: **Gina Tomlinson**
Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mwt.net,O=cochrane coop tel co,l=Cochrane WI 54622-0189, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Gina Tomlinson**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **608-248-2323**

Study Area Code of Reporting Carrier

330866

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **COON VALLEY FARMERS**

Signature of Authorized Officer or employee: **Carol Olson**

Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers,l=Coon Valley WI 54623-0398, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Carol Olson**

Title or position of Authorized Officer or employee: **Assistant Secretary Treasurer**

Telephone number of Authorized Officer or employee: **608-452-3101**

Study Area Code of Reporting Carrier

330868

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CUBA CITY EXCHANGE**

Signature of Authorized Officer or employee: **Deb Egli**
Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=cuba city exchange,l=Cuba City WI 53807, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Deb Egli**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **608-744-3500**

Study Area Code of Reporting Carrier

330872

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FARMERS INDEPENDENT**

Signature of Authorized Officer or employee: **Mark Anderson**
Digitally signed by Mark Anderson DN:cn=Mark Anderson,email=mark@grantsburgtelcom.com,O=farmers independent,l=Grantsburg WI 54840-0447, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Mark Anderson**

Title or position of Authorized Officer or employee: **General Manager and Compliance Officer**

Telephone number of Authorized Officer or employee: **715-463-5322**

Study Area Code of Reporting Carrier	330879		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **HILLSBORO TEL CO**

Signature of Authorized Officer or employee: **Carla Shaker**

Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel co,l=Hillsboro WI 54634-0427, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Carla Shaker**

Title or position of Authorized Officer or employee: **Secretary/Treasurer/Office Mgr.**

Telephone number of Authorized Officer or employee: **608-489-2100**

Study Area Code of Reporting Carrier

330892

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <i>Lakefield Telephonic Company</i>			
Signature of authorized officer <i>Robert M Webb</i>		Date	<i>5/18/2015</i>
Printed name of authorized officer <i>Robert Webb</i>			
Title or position of authorized officer <i>Vice President</i>			
Telephone number of authorized officer: <i>920 617 7000</i> ext.			
Study Area Code of Reporting Carrier	<i>330896</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2015</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LA VALLE TEL COOP**

Signature of Authorized Officer or employee: **Gregory Rockweiler**
Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=lrc@mwt.net,O=la valle tel coop,l=La Valle WI 53941, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Gregory Rockweiler**

Title or position of Authorized Officer or employee: **Assistant Secretary**

Telephone number of Authorized Officer or employee: **608-985-7201**

Study Area Code of Reporting Carrier

330899

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LEMONWEIR VALLEY TEL**

Signature of Authorized Officer or employee: **Donna Rezin**

Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=donna.rezin@lynxxnet.com,O=lemonweir valley tel,l=Camp Douglas WI 54618, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Donna Rezin**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **608-427-6515**

Study Area Code of Reporting Carrier

330900

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LAKELAND-LUCK**

Signature of Authorized Officer or employee: **John Klatt**

Digitally signed by John Klatt DN:cn=John Klatt,email=jkklatt@lakeland.ws,O=lakeland-luck,I=Milltown WI 54858, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **John Klatt**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **715-825-2171**

Study Area Code of Reporting Carrier

330902

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MANAWA TEL CO**

Signature of Authorized Officer or employee: **Thomas Squires**
Digitally signed by Thomas Squires DN:cn=Thomas Squires,email=tsquires@wolfnet.net,O=manawa tel co,l=Manawa WI 54949, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Thomas Squires**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **920-596-1707**

Study Area Code of Reporting Carrier

330905

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MARQUETTE-ADAMS COOP**

Signature of Authorized Officer or employee: **Jerry Schneider**
Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquette-adams coop,l=Oxford WI 53952, Date:5/25/2015

Date: **5/25/2015**

Printed name of Authorized Officer or employee: **Jerry Schneider**

Title or position of Authorized Officer or employee: **CEO & General Manager**

Telephone number of Authorized Officer or employee: **608-586-4111**

Study Area Code of Reporting Carrier

330908

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LAKELAND-MILLTOWN**

Signature of Authorized Officer or employee: **John Klatt**
Digitally signed by John Klatt DN:cn=John Klatt,email=jkklatt@lakeland.ws,O=lakeland-milltown,l=Milltown WI 54858, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **John Klatt**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **715-825-2171**

Study Area Code of Reporting Carrier

330910

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NELSON COMM COOP**

Signature of Authorized Officer or employee: **Christy Berger**

Digitally signed by Christy Berger DN:cn=Christy Berger,email=christy@nelson-tel.net,O=nelson comm coop,l=Durand WI 54736-0228, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Christy Berger**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **715-672-4204**

Study Area Code of Reporting Carrier

330918

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Niagara Telephone Company			
Signature of authorized officer			x <i>[Signature]</i>		Date		5/18/2015
Printed name of authorized officer				Robert Webb			
Title or position of authorized officer				Vice President			
Telephone number of authorized officer:				920-617-7000, ext.			
Study Area Code of Reporting Carrier		330920		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Bayland Telephones, LLC	
Signature of authorized officer			Date		5/18/2015
Printed name of authorized officer				Robert Webb	
Title or position of authorized officer				Vice-President	
Telephone number of authorized officer:				920,617-7000 ext.	
Study Area Code of Reporting Carrier		330925	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: Indianhead Telephone Company			
Signature of authorized officer: 		Date:	5/26/2015
Printed name of authorized officer: William Eckles			
Title or position of authorized officer: President			
Telephone number of authorized officer: (507) 526-3252 ext.			
Study Area Code of Reporting Carrier	330936	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PRICE COUNTY TEL CO**

Signature of Authorized Officer or employee: **Catherine Mess**
Digitally signed by Catherine Mess DN:cn=Catherine Mess,email=messc@pctcnet.net,O=price county tel co,l=Phillips WI 54555-0108, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Catherine Mess**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **715-339-2151**

Study Area Code of Reporting Carrier

330937

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <i>Northeast Telephone Company, LLC</i>			
Signature of authorized officer <i>Robert M Webb</i>		Date	<i>5/18/2015</i>
Printed name of authorized officer <i>Robert Webb</i>			
Title or position of authorized officer <i>Vice-President</i>			
Telephone number of authorized officer: <i>920 617 7000</i> , ext.			
Study Area Code of Reporting Carrier	<i>330539</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2015</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **RICHLAND-GRANT COOP**

Signature of Authorized Officer or employee: **John Bartz**
Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mwt.net,O=richland-grant coop,l=Blue River WI 53518, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **John Bartz**

Title or position of Authorized Officer or employee: **Company Officer**

Telephone number of Authorized Officer or employee: **608-537-2461**

Study Area Code of Reporting Carrier

330942

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SHARON TEL CO**

Signature of Authorized Officer or employee: **Brad Ellefson**
Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel co,I=Sharon WI 53585, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Brad Ellefson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **262-736-9981**

Study Area Code of Reporting Carrier

330946

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SIREN TEL CO, INC**

Signature of Authorized Officer or employee: **Sid Sherstad**

Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel co, inc,l=Siren WI 54872-0426, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Sid Sherstad**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **715-349-2224**

Study Area Code of Reporting Carrier

330949

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SOMERSET TEL CO**

Signature of Authorized Officer or employee: **Michael Jensen**
Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel co,lc=US, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Michael Jensen**

Title or position of Authorized Officer or employee: **President & General Manager**

Telephone number of Authorized Officer or employee: **715-268-7101**

Study Area Code of Reporting Carrier

330951

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SPRING VALLEY TEL CO**

Signature of Authorized Officer or employee: **Carol Anderson**
Digitally signed by Carol Anderson DN:cn=Carol Anderson,email=svtel@svtel.net,O=spring valley tel co,l=Spring Valley WI 54767, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Carol Anderson**

Title or position of Authorized Officer or employee: **Assistant Manager/Assistant Secretary**

Telephone number of Authorized Officer or employee: **715-778-4433**

Study Area Code of Reporting Carrier

330953

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TRI-COUNTY COMM COOP**

Signature of Authorized Officer or employee: **Cheryl Rue**

Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tcc.coop,O=tri-county comm coop,I=Strum WI 54770, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Cheryl Rue**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **715-695-2691**

Study Area Code of Reporting Carrier

330960

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **UNION TEL CO**

Signature of Authorized Officer or employee: **Katherine Kehl**
Digitally signed by Katherine Kehl DN:cn=Katherine Kehl,email=kkehl@uniontel.net,O=union tel co,l=Plainfield WI 54966-0096, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Katherine Kehl**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **715-335-6301**

Study Area Code of Reporting Carrier

330962

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **VERNON TEL COOP**

Signature of Authorized Officer or employee: **Rodney Olson**
Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vermontel.com,O=vernon tel coop,l=Westby WI 54667, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Rodney Olson**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **608-634-7421**

Study Area Code of Reporting Carrier

330966

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **W. WISCONSIN TELCOM**

Signature of Authorized Officer or employee: **Mark Stenseth**
Digitally signed by Mark Stenseth DN:cn=Mark Stenseth,email=stenseth@wwt.coop,O=w. wisconsin telecom,I=Downsville WI 54735, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Mark Stenseth**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **715-664-8311**

Study Area Code of Reporting Carrier

330971

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WITTENBERG TEL CO**

Signature of Authorized Officer or employee: **Linda Garbelman**
Digitally signed by Linda Garbelman DN:cn=Linda Garbelman,email=lgarbelman@cirrinity.net,O=wittenberg tel co,l=Wittenberg WI 54499, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Linda Garbelman**

Title or position of Authorized Officer or employee: **CFO/Treasurer**

Telephone number of Authorized Officer or employee: **715-253-2115**

Study Area Code of Reporting Carrier

330973

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WOOD COUNTY TEL CO**

Signature of Authorized Officer or employee: **Gregory Krings**
Digitally signed by Gregory Krings DN:cn=Gregory Krings,email=krings@solarus.net,O=wood county tel co,l=Wisconsin Rapids WI 54495-8045, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Gregory Krings**

Title or position of Authorized Officer or employee: **Director of Finance**

Telephone number of Authorized Officer or employee: **715-421-8129**

Study Area Code of Reporting Carrier	330974		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ADAMS TEL COOP**

Signature of Authorized Officer or employee: **James Broemmer Jr.**
Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbroemmer@adams.net,O=adams tel coop,I=Golden IL 62339, Date:5/23/2015

Date: **5/23/2015**

Printed name of Authorized Officer or employee: **James Broemmer Jr.**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **217-696-4411**

Study Area Code of Reporting Carrier	340976		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ALHAMBRA-GRANTFORK**

Signature of Authorized Officer or employee: **Kevin Osterbur**
Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra-grantfork,|=Alhambra IL 62001-0207, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Kevin Osterbur**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **618-488-2165**

Study Area Code of Reporting Carrier

340978

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CAMBRIDGE TEL CO -IL**

Signature of Authorized Officer or employee: **Scott Rubins**
Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=cambridge tel co -il,l=Geneseo IL 61254-0330, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Scott Rubins**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **309-944-2103**

Study Area Code of Reporting Carrier

340983

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: CASS TEL CO

Signature of Authorized Officer or employee: Tom Allen

Digitally signed by Tom Allen DN:cn=Tom Allen,email=tomallen@casscomm.com,O=cass tel co,I=Virginia IL 62691, Date:5/26/2015

Date: 5/26/2015

Printed name of Authorized Officer or employee: Tom Allen

Title or position of Authorized Officer or employee: Vice President/Chief Operating Officer

Telephone number of Authorized Officer or employee: 217-452-7800

Study Area Code of Reporting Carrier

340984

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

05-21-15:10:51 ;

:3149972561

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				CLARKSVILLE MUTUAL TELEPHONE CO.	
Signature of authorized officer		Patricia Rhoads		Date	5-15-15
Printed name of authorized officer				PATRICIA RHOADS	
Title or position of authorized officer				SECRETARY - TREASURER	
Telephone number of authorized officer				217-884-3822	
Study Area Code of Reporting Carrier		340990	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 65 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

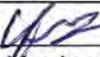
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Crossville Telephone Company, Inc.	
Signature of authorized officer				Date	5/20/2015
Printed name of authorized officer		Thomas D. Rawlinson			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(618) 966-2196			
Study Area Code of Reporting Carrier	340993	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Flat Rock Telephone Co-Op, Inc	
Signature of authorized officer				Date	06/11/15
Printed name of authorized officer		Kevin J Jacobsen			
Title or position of authorized officer		Executive Vice President			
Telephone number of authorized officer:		(618) 584-3211			
Study Area Code of Reporting Carrier	1012	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **GENESEO TEL CO**

Signature of Authorized Officer or employee: **Scott Rubins**

Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@genseo.net,O=genseo tel co,l=Genseo IL 61254-0330, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Scott Rubins**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **309-944-2103**

Study Area Code of Reporting Carrier

341016

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Glasford Telephone Company**

Signature of authorized officer *Duane R. Goetze* Date **5/20/2015**

Printed name of authorized officer **Duane Goetze**

Title or position of authorized officer **President**

Telephone number of authorized officer: **(309) 389-2111**, ext.

Study Area Code of Reporting Carrier	341017	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
--------------------------------------	---------------	--	------------------

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **GRAFTON TEL CO**

Signature of Authorized Officer or employee: **Leigh Sickinger**
Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger,email=lsickinger@gtec.net,O=grafon tel co,l=Grafton IL 62037, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Leigh Sickinger**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **618-786-3400**

Study Area Code of Reporting Carrier

341020

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **GRANDVIEW MUTUAL TEL**

Signature of Authorized Officer or employee: **Angela Tate**
Digitally signed by Angela Tate DN:cn=Angela Tate,email=gmtc@joink.com,O=grandview mutual tel, Inc., Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Angela Tate**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **217-946-4101**

Study Area Code of Reporting Carrier

341021

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **GRIDLEY TEL CO**

Signature of Authorized Officer or employee: **Herb Flesher**
Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel co,l=Gridley IL 61744-0129, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Herb Flesher**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **309-747-3780**

Study Area Code of Reporting Carrier

341023

Filing Due Date for this form
(mm/dd/yyyy)

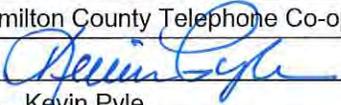
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

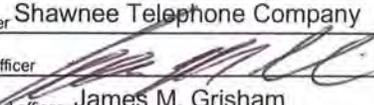
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Hamilton County Telephone Co-op	
Signature of authorized officer				Date	5/22/2015
Printed name of authorized officer		Kevin Pyle			
Title or position of authorized officer		GM/EVP			
Telephone number of authorized officer:		(618) 736-2211, ext.			
Study Area Code of Reporting Carrier	341024	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Shawnee Telephone Company				
Signature of authorized officer 			Date	05/27/2015
Printed name of authorized officer James M. Grisham				
Title or position of authorized officer President				
Telephone number of authorized officer: (618) 276-4211 , ext.				
Study Area Code of Reporting Carrier	341025	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: HENRY COUNTY TEL CO

Signature of Authorized Officer or employee: **Scott Rubins**

Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=henry county tel co,l=Geneseo IL 61254-0330, Date:5/15/2015

Date: 5/15/2015

Printed name of Authorized Officer or employee: Scott Rubins

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 309-944-2103

Study Area Code of Reporting Carrier

341029

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

NECA ID #50

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Home Telephone Co.	
Signature of authorized officer		<i>Eric Schmidt</i>		Date	5/21/15
Printed name of authorized officer				Eric Schmidt	
Title or position of authorized officer				President	
Telephone number of authorized officer: (618) 644 2111 ext.					
Study Area Code of Reporting Carrier		341032	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **KINSMAN MUTUAL TEL**

Signature of Authorized Officer or employee: **Michelle Baudino**
Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel,l=Kinsman IL 60437, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Michelle Baudino**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **815-392-4210**

Study Area Code of Reporting Carrier	341041		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LA HARPE TEL CO**

Signature of Authorized Officer or employee: **Todd Irish**
Digitally signed by Todd Irish DN:cn=Todd Irish,email=todd@laharpetelephone.com,O=la harpe tel co,l=La Harpe IL 61450, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Todd Irish**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **217-659-7721**

Study Area Code of Reporting Carrier

341043

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: LEAF RIVER TEL CO

Signature of Authorized Officer or employee: **Aaron Palmer**

Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lrnet1.com,O=leaf river tel co,l=Leaf River IL 61047, Date:5/20/2015

Date: 5/20/2015

Printed name of Authorized Officer or employee: Aaron Palmer

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 815-738-2216

Study Area Code of Reporting Carrier

341045

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				<i>Leonore Mutual Telephone Co. Inc.</i>	
Signature of authorized officer		<i>Donna Naus</i>		Date	<i>5-27-15</i>
Printed name of authorized officer				<i>Donna Naus</i>	
Title or position of authorized officer				<i>Assistant Secretary</i>	
Telephone number of authorized officer: <i>(815)856-3164, ext.</i>					
Study Area Code of Reporting Carrier		<i>341046</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2015</i>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MCDONOUGH TEL COOP**

Signature of Authorized Officer or employee: **Jay Griswold**
Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jay@mdtc.net,O=mcdonough tel coop,l=Colchester IL 62326, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Jay Griswold**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **309-776-3211**

Study Area Code of Reporting Carrier

341047

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier McNabb Telephone Company				
Signature of authorized officer <i>Jacquelyn Smith, Rec. Secretary</i>			Date	5/20/2015
Printed name of authorized officer Jacquelyn Smith				
Title or position of authorized officer Recording Secretary				
Telephone number of authorized officer: (815) 882-2201 , ext.				
Study Area Code of Reporting Carrier	341048	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MADISON TEL CO**

Signature of Authorized Officer or employee: **Mary Schwartz**
Digitally signed by Mary Schwartz DN:cn=Mary Schwartz,email=infomtc@madisonelco.com,O=madison tel co,l=Staunton IL 62088, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Mary Schwartz**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **618-635-5000**

Study Area Code of Reporting Carrier

341049

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MARSEILLES TEL CO**

Signature of Authorized Officer or employee: **Ann Dickerson**
Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=marseilles tel co,l=Metamora IL 61548-0800, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Ann Dickerson**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **309-367-4197**

Study Area Code of Reporting Carrier

341050

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **METAMORA TEL CO**

Signature of Authorized Officer or employee: **Ann Dickerson**
Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=ann@mtco.com,O=metamora tel co,l=Metamora IL 61548-0800, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Ann Dickerson**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **309-367-4197**

Study Area Code of Reporting Carrier

341053

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: MIDCENTURY TEL CO-OP

Signature of Authorized Officer or employee: **James Broemmer, Jr.**
Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jbroemmer@adams.net,O=midcentury tel co-op,l=Fairview IL 61432, Date:5/20/2015

Date: 5/20/2015

Printed name of Authorized Officer or employee: James Broemmer, Jr.

Title or position of Authorized Officer or employee: CEO/General Manager

Telephone number of Authorized Officer or employee: 309-778-8611

Study Area Code of Reporting Carrier

341054

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MONTROSE MUTUAL TEL**

Signature of Authorized Officer or employee: **George Tays**

Digitally signed by George Tays DN:cn=George Tays,email=geot@mmtcnet.com,O=montrose mutual tel,l=Dieterich IL 62424, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **George Tays**

Title or position of Authorized Officer or employee: **Secretary/Treasurer/General Manager**

Telephone number of Authorized Officer or employee: **217-925-5242**

Study Area Code of Reporting Carrier

341058

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier Moultrie Independent Telephone Company			
Signature of authorized officer <i>Steven G. Bowers</i>	Date	5/19/2015	
Printed name of authorized officer Steven G. Bowers			
Title or position of authorized officer President			
Telephone number of authorized officer: (217) 873-5211 , ext.			
Study Area Code of Reporting Carrier	341060	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				New Windsor Telephone Company			
Signature of authorized officer			<i>Richard W. Ristau</i>		Date		5/20/2015
Printed name of authorized officer				Richard W. Ristau			
Title or position of authorized officer				Secretary			
Telephone number of authorized officer:				(309) 667-2712			
Study Area Code of Reporting Carrier		341062		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Oneida Telephone Exchange	
Signature of authorized officer		<i>Gary Peterson</i>		Date	05/19/2015
Printed name of authorized officer		Gary Peterson			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(309) 483-3111 ext.			
Study Area Code of Reporting Carrier	341066	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Reynolds Telephone Company		
Signature of authorized officer		<i>Grace Ochsner</i>		Date
Printed name of authorized officer		Grace Ochsner		
Title or position of authorized officer		General Manager/Asst. Treasurer		
Telephone number of authorized officer:		309 372 4400		
Study Area Code of Reporting Carrier	341075	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TONICA TEL CO**

Signature of Authorized Officer or employee: **Lloyd Vogel**

Digitally signed by Lloyd Vogel DN:cn=Lloyd Vogel,email=tontel@tonicacom.net,O=tonica tel co,I=Tonica IL 61370-0158, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Lloyd Vogel**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **815-442-9901**

Study Area Code of Reporting Carrier

341086

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **VIOLA HOME TEL CO**

Signature of Authorized Officer or employee: **Robert Millikan**
Digitally signed by Robert Millikan DN:cn=Robert Millikan,email=wins2@vhtmail.net,O=viola home tel co,l=Viola IL 61486, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Robert Millikan**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **309-596-2109**

Study Area Code of Reporting Carrier

341087

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WABASH TEL COOP, INC**

Signature of Authorized Officer or employee: **Jeff Williams**

Digitally signed by Jeff Williams DN:cn=Jeff Williams,email=jwilliams@wabash.net,O=wabash tel coop, inc,l=Louisville IL 62858-0299, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Jeff Williams**

Title or position of Authorized Officer or employee: **General Manager/EVP**

Telephone number of Authorized Officer or employee: **618-665-9925**

Study Area Code of Reporting Carrier

341088

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

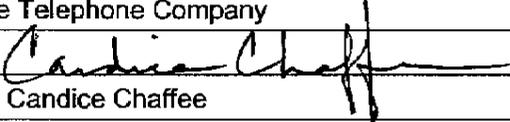
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Woodhull Telephone Company	
Signature of authorized officer		<i>Gerald Krueger</i>		Date	5/19/15
Printed name of authorized officer		Gerald Krueger			
Title or position of authorized officer		Vice-President			
Telephone number of authorized officer:		(309)3342150			
Study Area Code of Reporting Carrier	34-1091	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier Stelle Telephone Company				
Signature of authorized officer 			Date	5/26/2015
Printed name of authorized officer Candice Chaffee				
Title or position of authorized officer President				
Telephone number of authorized officer: (815) 256-2345				
Study Area Code of Reporting Carrier	341092	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: Reasnor Telephone Company LLC			
Signature of authorized officer: 		Date:	05/26/2015
Printed name of authorized officer: Michael Hatfield			
Title or position of authorized officer: General Manager			
Telephone number of authorized officer: (817) 838-1800			
Study Area Code of Reporting Carrier:	350739	Filing Due Date for this form (mm/dd/yyyy):	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ANDREW TEL CO INC**

Signature of Authorized Officer or employee: **JoAnne Gregorich**
Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel co inc,l=LaMotte IA 52054, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **JoAnne Gregorich**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-773-2213**

Study Area Code of Reporting Carrier

351097

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ARCADIA TEL CO**

Signature of Authorized Officer or employee: **Sheila Griffin**
Digitally signed by Sheila Griffin DN:cn=Sheila Griffin,email=sheilag@netins.net,O=arcadia tel co,l=Arcadia IA 51430, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Sheila Griffin**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **712-689-2238**

Study Area Code of Reporting Carrier

351098

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ATKINS TEL CO, INC**

Signature of Authorized Officer or employee: **Gerald Spaight**
Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel co, inc,l=Atkins IA 52206, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Gerald Spaight**

Title or position of Authorized Officer or employee: **General Manager / Treasurer**

Telephone number of Authorized Officer or employee: **319-446-7331**

Study Area Code of Reporting Carrier

351101

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **AYRSHIRE FARMERS MUT**

Signature of Authorized Officer or employee: **Donald Miller**

Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=ayrshire farmers mut,l=Ayrshire IA 50515-0248, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Donald Miller**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **712-776-2222**

Study Area Code of Reporting Carrier

351105

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ALPINE COMM.**

Signature of Authorized Officer or employee: **Chris Hopp**
Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine comm.,l=Elkader IA 52043, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Chris Hopp**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-245-4480**

Study Area Code of Reporting Carrier

351106

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BALDWIN-NASHVILLE**

Signature of Authorized Officer or employee: **Brian Rickels**

Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville,I=Baldwin IA 52207-0050, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Brian Rickels**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **563-673-6001**

Study Area Code of Reporting Carrier

351107

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<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: <u>Barnes City Cooperative Telephone Company</u>			
Signature of authorized officer: <u>[Signature]</u>		Date: <u>05/19/2015</u>	
Printed name of authorized officer: <u>Doris M. Freeborn</u>			
Title or position of authorized officer: <u>Secretary/Treasurer</u>			
Telephone number of authorized officer: <u>(611) 644-5214 ext.</u>			
Study Area Code of Reporting Carrier: <u>35-1108</u>	Filing Due Date for this form (mm/dd/yyyy):	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BERNARD TEL CO INC**

Signature of Authorized Officer or employee: **Kyle Manders**
Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel co inc,l=Bernard IA 52032-0068, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Kyle Manders**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-879-3203**

Study Area Code of Reporting Carrier

351110

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BREDA TEL CORP.**

Signature of Authorized Officer or employee: **Jane Morlok**
Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=breda tel corp.,l=Breda IA 51436-0190, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Jane Morlok**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **712-673-8101**

Study Area Code of Reporting Carrier

351112

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Brooklyn Mutual Telecommunications Cooperative			
Signature of authorized officer			<i>Tim Atkinson</i>		Date		5/18/2015
Printed name of authorized officer				Tim Atkinson			
Title or position of authorized officer				General Manger & Compliance Officer			
Telephone number of authorized officer:				(641) 522-9211			
Study Area Code of Reporting Carrier		351113		Filing Due Date for this form (mm/dd/yyyy)		5/18/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TITONKA-BURT (BURT)**

Signature of Authorized Officer or employee: **Vicky Nelson**

Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt (burt),l=Titonka IA 50480-0321, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Vicky Nelson**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **515-928-2110**

Study Area Code of Reporting Carrier

351114

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BUTLER-BREMER MUTUAL**

Signature of Authorized Officer or employee: **Richard McBurney**
Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=butler-bremer mutual,l=Plainfield IA 50666-0099, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Richard McBurney**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **319-276-4458**

Study Area Code of Reporting Carrier

351115

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CASCADE COMM. CO.**

Signature of Authorized Officer or employee: **David Gibson**

Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade comm. co.,l=Cascade IA 52033-0250, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **David Gibson**

Title or position of Authorized Officer or employee: **General Manager/Compliance Officer**

Telephone number of Authorized Officer or employee: **563-852-3710**

Study Area Code of Reporting Carrier

351118

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CASEY MUTUAL TEL CO**

Signature of Authorized Officer or employee: **John Breining**
Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel co,l=Casey IA 50048, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **John Breining**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-746-2222**

Study Area Code of Reporting Carrier

351119

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Center Junction Telephone Company Inc.	
Signature of authorized officer		<i>RSB</i>		Date	05/18/2015
Printed name of authorized officer		Russ Benke			
Title or position of authorized officer		Chief Operating Officer			
Telephone number of authorized officer:		(563) 487-2631			
Study Area Code of Reporting Carrier	351121	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CENTRAL SCOTT TEL CO**

Signature of Authorized Officer or employee: **Kent Dau**

Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel co,l=Eldridge IA 52748, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Kent Dau**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **563-285-9611**

Study Area Code of Reporting Carrier

351125

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CITIZENS MUTUAL TEL**

Signature of Authorized Officer or employee: **Joe Snyder**

Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=citizens mutual tel,l=Bloomfield IA 52537, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Joe Snyder**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-664-2074**

Study Area Code of Reporting Carrier

351129

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: CLARENCE TEL CO

Signature of Authorized Officer or employee: Curtis Eldred

Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=cpeldre@netins.net,O=clarence tel co,l=Clarence IA 52216, Date:5/20/2015

Date: 5/20/2015

Printed name of Authorized Officer or employee: Curtis Eldred

Title or position of Authorized Officer or employee: Manager

Telephone number of Authorized Officer or employee: 563-452-3852

Study Area Code of Reporting Carrier

351130

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: CLEAR LAKE INDEPEND

Signature of Authorized Officer or employee: **Thomas Lovell**
Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=clear lake independ,l=Clear Lake IA 50428-0066, Date:5/16/2015

Date: 5/16/2015

Printed name of Authorized Officer or employee: Thomas Lovell

Title or position of Authorized Officer or employee: General Manager/Vice President

Telephone number of Authorized Officer or employee: 641-357-2111

Study Area Code of Reporting Carrier

351132

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				C-M-L Telephone Cooperative Association	
Signature of authorized officer				Date	5/16/15
Printed name of authorized officer		Bruce Johnson			
Title or position of authorized officer		GM/CEO			
Telephone number of authorized officer:		(712) 443-8222 ext.			
Study Area Code of Reporting Carrier	351133	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Colo Telephone Company	
Signature of authorized officer		<i>Larry W. Springer</i>		Date	5 - 15 - 2015
Printed name of authorized officer		Larry W. Springer			
Title or position of authorized officer		General Manager & CEO			
Telephone number of authorized officer:		(641) 377-2202 ext.			
Study Area Code of Reporting Carrier	351134	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Coon Creek Telephone Company	
Signature of authorized officer		<i>Debra Lucht</i>		Date	5/15/2015
Printed name of authorized officer		Debra Lucht			
Title or position of authorized officer		CEO			
Telephone number of authorized officer:		(319) 454-6234 <small>-ext.</small>			
Study Area Code of Reporting Carrier	351136	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

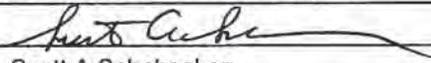
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Coon Valley Good Telephone			
Signature of authorized officer			Date		5-19-15		
Printed name of authorized officer				Jim Nelson			
Title or position of authorized officer				General Manager			
Telephone number of authorized officer: () - , ext.				641-524-2111			
Study Area Code of Reporting Carrier		351137		Filing Due Date for this form (mm/dd/yyyy)		6/15/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier Cooperative Telephone Company			
Signature of authorized officer 	Date	5-18-2015	
Printed name of authorized officer Scott A Schabacker			
Title or position of authorized officer Chief Operating Officer			
Telephone number of authorized officer: (319) 647-3115			
Study Area Code of Reporting Carrier	351139	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CORN BELT TEL CO**

Signature of Authorized Officer or employee: **Larry Nepl**
Digitally signed by Larry Nepl DN:cn=Larry Nepl,email=cornbelt@netins.net,O=corn belt tel co,l=Wall Lake IA 51466, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Larry Nepl**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **712-664-2499**

Study Area Code of Reporting Carrier

351141

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Cumberland Telephone Company	
Signature of authorized officer		<i>Ronald Benton</i>		Date	05/26/2015
Printed name of authorized officer		Ronald Benton			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(714) 774-2221 ext.			
Study Area Code of Reporting Carrier	351146	Filing Due Date for this form (mm/dd/yyyy)	6/15/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **DANVILLE MUTUAL TEL**

Signature of Authorized Officer or employee: **Timothy Fencil**

Digitally signed by Timothy Fencil DN:cn=Timothy Fencil,email=tfencil@danvilleteleco.net,O=danville mutual tel,I=Danville IA 52623, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Timothy Fencil**

Title or position of Authorized Officer or employee: **General Manager & CEO**

Telephone number of Authorized Officer or employee: **319-392-4251**

Study Area Code of Reporting Carrier

351147

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FARMERS (DEFIANCE)**

Signature of Authorized Officer or employee: **Thomas Conry**
Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (defiance),I=Harlan IA 51537-0311, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Thomas Conry**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-744-3131**

Study Area Code of Reporting Carrier

351149

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier Dixon Telephone Co			
Signature of authorized officer 		Date:	5/15/2015
Printed name of authorized officer Howard Hunt			
Title or position of authorized officer Manager			
Telephone number of authorized officer: (563) 843-2901			
Study Area Code of Reporting Carrier	351150	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **DUMONT TEL CO**

Signature of Authorized Officer or employee: **Roger Kregel**
Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@netins.net,O=dumont tel co,l=Dumont IA 50625-0349, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Roger Kregel**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-857-3211**

Study Area Code of Reporting Carrier

351152

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Dunkerton Telephone Cooperative			
Signature of authorized officer			<i>Sue Bruns</i>		Date		5-15-15
Printed name of authorized officer				Sue Bruns			
Title or position of authorized officer				CEO			
Telephone number of authorized officer:				(319) 822-4512 ext.			
Study Area Code of Reporting Carrier		351153		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

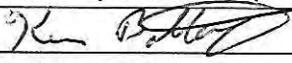
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier East Buchanan Telephone Cooperative				
Signature of authorized officer <i>Eugene A Rorabaugh</i>			Date	May 26, 2015
Printed name of authorized officer Eugene A Rorabaugh				
Title or position of authorized officer General Manager				
Telephone number of authorized officer: (319) 935-3011				
Study Area Code of Reporting Carrier	351156	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier					Ellsworth Cooperative Telephone Association					
Signature of authorized officer						Date		5-19-2015		
Printed name of authorized officer					Kevin Bottorff					
Title or position of authorized officer					Secretary					
Telephone number of authorized officer:					(515) 836-4431					
Study Area Code of Reporting Carrier			351157		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015			
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>										

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Minburn Telecommunications, Inc.	
Signature of authorized officer		<i>Debra Lucht</i>		Date	5/15/2015
Printed name of authorized officer		Debra Lucht			
Title or position of authorized officer		GM/Asst. Secretary			
Telephone number of authorized officer:		(515) 438-2200 ext.			
Study Area Code of Reporting Carrier	351158	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<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 F&B Communications, Inc.			
Signature of authorized officer <i>Brenda K Kay</i>		Date	5/19/15
Printed name of authorized officer Brenda Kay			
Title or position of authorized officer Secretary/Treasurer			
Telephone number of authorized officer: (563) 374-1236			
Study Area Code of Reporting Carrier	351160	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier: <u>Farmers Cooperative Telephone Company</u>			
Signature of authorized officer		Date	<u>05/20/15</u>
Printed name of authorized officer: <u>Mark Harvey</u>			
Title or position of authorized officer: <u>General Manager</u>			
Telephone number of authorized officer: <u>(319) 476-7800</u>			
Study Area Code of Reporting Carrier	<u>351162</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FARMERS & MERCHANTS**

Signature of Authorized Officer or employee: **Susie Stalder**

Digitally signed by Susie Stalder DN:cn=Susie Stalder,email=sstalder@farmtel.com,O=farmers & merchants,l=Wayland IA 52654-0247, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Susie Stalder**

Title or position of Authorized Officer or employee: **Operations Manager**

Telephone number of Authorized Officer or employee: **319-256-2736**

Study Area Code of Reporting Carrier

351166

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FARMERS MUTUAL COOP**

Signature of Authorized Officer or employee: **Thomas Conry**
Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop,l=Harlan IA 51537-0311, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Thomas Conry**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-744-3131**

Study Area Code of Reporting Carrier

351168

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FARMERS MUTUAL COOP**

Signature of Authorized Officer or employee: **Tammy Wheeler**
Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop,l=Moulton IA 52572, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Tammy Wheeler**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-642-3249**

Study Area Code of Reporting Carrier

351169

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FARMERS MUTUAL JESUP**

Signature of Authorized Officer or employee: **Tony Lang**
Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual jesup,1=Jesup IA 50648-0249, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Tony Lang**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **319-827-1151**

Study Area Code of Reporting Carrier

351171

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Farmers Mutual Telephone Company - Nora Springs			
Signature of authorized officer			Date		5/19/2015		
Printed name of authorized officer				Joshua Hveem			
Title or position of authorized officer				Chief Operating Officer			
Telephone number of authorized officer:				(641) 210-8445			
Study Area Code of Reporting Carrier		351172		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FARMERS MUTUAL COOP**

Signature of Authorized Officer or employee: **Mark Harrison**

Digitally signed by Mark Harrison DN:cn=Mark Harrison,email=mharrison@fmtcs.com,O=farmers mutual coop,l=Shellsburg IA 52332, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Mark Harrison**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **319-436-2224**

Study Area Code of Reporting Carrier

351173

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FARMERS MUTUAL TEL**

Signature of Authorized Officer or employee: **Kevin Cabbage**
Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=farmers mutual tel,l=Stanton IA 51573-0220, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Kevin Cabbage**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-829-2111**

Study Area Code of Reporting Carrier

351174

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FARMERS TEL CO - BAT**

Signature of Authorized Officer or employee: **Joe Snyder**

Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=farmers tel co - bat,l=Bloomfield IA 52537, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Joe Snyder**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-664-2074**

Study Area Code of Reporting Carrier

351175

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FARMERS TEL CO-ESSEX**

Signature of Authorized Officer or employee: **Tim Hill**
Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel co-essex,I=Essex IA 51638, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Tim Hill**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **712-379-3001**

Study Area Code of Reporting Carrier

351176

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Farmers Telephone Company - Riceville	
Signature of authorized officer			Date		5/19/2015
Printed name of authorized officer: Joshua Hveem					
Title or position of authorized officer: Chief Operating Officer					
Telephone number of authorized officer: (641) 210-8445					
Study Area Code of Reporting Carrier		351177	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery 551.917(d) and Access Recovery Charge 551.917(e) and is eligible to receive the CAF/ICC support requested pursuant to 551.917(f).

Name of Reporting Carrier		Fenton Coop Tel. Co.	
Signature of authorized officer	<i>Steven C Longhoury</i>	Date	5-22-15
Printed name of authorized officer		Steven C Longhoury	
Title or position of authorized officer		GM	
Telephone number of authorized officer:		815, 889 2785 ext.	
Study Area Code of Reporting Carrier	351179	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 802, 803(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PARTNER COMM. COOP.

Signature of Authorized Officer or employee: Arthur Cooper

Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=coop@pcctel.net,O=partner comm. coop.,l= , Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer or employee: Arthur Cooper

Title or position of Authorized Officer or employee: Board President

Telephone number of Authorized Officer or employee: 641-498-7701

Study Area Code of Reporting Carrier

351187

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Goldfield Telephone Company	
Signature of authorized officer		Date		5-19-15	
Printed name of authorized officer				Jared Johnson	
Title or position of authorized officer				General Manager	
Telephone number of authorized officer: (515) 825-3766 , ext.				515-825-3766	
Study Area Code of Reporting Carrier		351188	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<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 River Valley Telecommunications Coop			
Signature of authorized officer <i>Donald W. Mahan</i>		Date	5/27/2015
Printed name of authorized officer Donald Mahan			
Title or position of authorized officer Vice-President			
Telephone number of authorized officer: (712) 859-3300			
Study Area Code of Reporting Carrier	351189	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **GRAND MOUND COOP TEL**

Signature of Authorized Officer or employee: **Marcus Behnken**
Digitally signed by Marcus Behnken DN:cn=Marcus Behnken,email=mbehnken@gmcta.coop,O=grand mound coop tel,l=Grand Mound IA 52751, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Marcus Behnken**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-847-3000**

Study Area Code of Reporting Carrier

351191

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **GRISWOLD CO-OP TEL**

Signature of Authorized Officer or employee: **Amy McLaren**

Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym_gctc@netins.net,O=griswold co-op tel,I=Griswold IA 51535-0640, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Amy McLaren**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **712-778-2121**

Study Area Code of Reporting Carrier

351195

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **HAWKEYE TEL CO**

Signature of Authorized Officer or employee: **Charles Gray**

Digitally signed by Charles Gray DN:cn=Charles Gray,email=cmgray@netins.net,O=hawkeye tel co,l=Hawkeye IA 52147, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Charles Gray**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **563-427-3331**

Study Area Code of Reporting Carrier

351199

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **HOSPERS TEL EXCH INC**

Signature of Authorized Officer or employee: **David Raak**
Digitally signed by David Raak DN:cn=David Raak,email=dave@hosperstel.com,O=hospers tel exch inc,l=Hospers IA 51238, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **David Raak**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **712-752-8100**

Study Area Code of Reporting Carrier

351202

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: HUBBARD COOP ASSN

Signature of Authorized Officer or employee: David Lowe

Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop assn,I=Hubbard IA 50122-0428, Date:5/22/2015

Date: 5/22/2015

Printed name of Authorized Officer or employee: David Lowe

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 641-864-2216

Study Area Code of Reporting Carrier

351203

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **HUXLEY COMM. COOP.**

Signature of Authorized Officer or employee: **Gary Clark**
Digitally signed by Gary Clark DN:cn=Gary Clark,email=garyc@huxleycommunications.net,O=huxley comm. coop.,l=Huxley IA 50124-0036, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Gary Clark**

Title or position of Authorized Officer or employee: **General Manager and Executive VP**

Telephone number of Authorized Officer or employee: **515-597-2281**

Study Area Code of Reporting Carrier	351205		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: IAMO TEL CO - IA

Signature of Authorized Officer or employee: **Jack Jones**
Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=i amo tel co - ia,I=Coin IA 51636, Date:5/20/2015

Date: 5/20/2015

Printed name of Authorized Officer or employee: Jack Jones

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 712-583-3232

Study Area Code of Reporting Carrier

351206

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **INTERSTATE 35 TEL CO**

Signature of Authorized Officer or employee: **Mike Weis**

Digitally signed by Mike Weis DN:cn=Mike Weis,email=mikew@interstatecom.com,O=interstate 35 tel co,l=Truro IA 50257-0229, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Mike Weis**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **641-765-4201**

Study Area Code of Reporting Carrier

351209

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **KALONA COOP TEL CO**

Signature of Authorized Officer or employee: **Casey Peck**

Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey@kctc.net,O=kalona coop tel co,l=Kalona IA 52247-1208, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Casey Peck**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **319-656-3668**

Study Area Code of Reporting Carrier

351214

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <i>Waystone Farms Coop Tel Co</i>			
Signature of authorized officer <i>[Signature]</i>		Date	<i>5-20-15</i>
Printed name of authorized officer <i>Byron Biron</i>			
Title or position of authorized officer <i>General Manager</i>			
Telephone number of authorized officer: <i>219 442 3244, ext.</i>			
Study Area Code of Reporting Carrier	<i>351217</i>	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LA PORTE CITY TEL CO**

Signature of Authorized Officer or employee: **Chris Hopp**

Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel co,l=Elkader IA 52043, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Chris Hopp**

Title or position of Authorized Officer or employee: **Executive Secretary**

Telephone number of Authorized Officer or employee: **563-245-4480**

Study Area Code of Reporting Carrier

351220

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LA MOTTE TEL CO**

Signature of Authorized Officer or employee: **JoAnne Gregorich**
Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=la motte tel co,l=LaMotte IA 52054, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **JoAnne Gregorich**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-773-2213**

Study Area Code of Reporting Carrier

351222

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LEHIGH VALLEY COOP**

Signature of Authorized Officer or employee: **Jim Suchan**

Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop,l=Lehigh IA 50557-0137, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Jim Suchan**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **515-359-2211**

Study Area Code of Reporting Carrier

351225

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §52.517(d) and Access Recovery Charge §52.517(e) and is eligible to receive the CAF/ICC support requested pursuant to §52.517(f).			
Name of Reporting Carrier: Lone Rock Coop. Tel. Co.			
Signature of authorized officer: <i>Roger P. Jensen</i>		Date:	5-18-2015
Printed name of authorized officer: Roger P. Jensen			
Title or position of authorized officer: President			
Telephone number of authorized officer: (515) 925-3659			
Study Area Code of Reporting Carrier	351228	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.			

Received Time May 15, 2:26PM

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LOST NATION-ELWOOD**

Signature of Authorized Officer or employee: **Kelly Johnson**

Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kelly@lnecomm.com,O=lost nation-elwood,l=Lost Nation IA 52254, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Kelly Johnson**

Title or position of Authorized Officer or employee: **General Manager /CEO**

Telephone number of Authorized Officer or employee: **563-678-2470**

Study Area Code of Reporting Carrier

351229

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

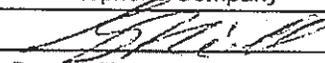
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Northeast Iowa Telephone Company	
Signature of authorized officer			Date		5/18/2015
Printed name of authorized officer				David Byers	
Title or position of authorized officer				Assistant Secretary/GM	
Telephone number of authorized officer:				(563) 539-2122, ext.	
Study Area Code of Reporting Carrier		351230	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Lynnville Telephone Company			
Signature of authorized officer					Date		5-26-15
Printed name of authorized officer			Gary Neill				
Title or position of authorized officer			General Manager				
Telephone number of authorized officer:			(402) 477-1354				
Study Area Code of Reporting Carrier		351232	Filing Due Date for this form (mm/dd/yyyy)		6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FARMERS (MANILLA)**

Signature of Authorized Officer or employee: **Thomas Conry**
Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (manilla),l=Harlan IA 51537-0311, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Thomas Conry**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-744-3131**

Study Area Code of Reporting Carrier

351235

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MARNE & ELK HORN TEL**

Signature of Authorized Officer or employee: **Janell Hansen**

Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=marne & elk horn tel,l=Elk Horn IA 51531, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Janell Hansen**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **712-764-6161**

Study Area Code of Reporting Carrier

351237

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<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 Martelle Cooperative Telephone Association			
Signature of authorized officer <i>Hans Arwine</i>		Date	5-26-2015
Printed name of authorized officer Hans Arwine			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (319) 432-7221 ext.			
Study Area Code of Reporting Carrier	351238	Filing Due Date for this form (mm/dd/yyyy)	6/15/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MASSENA TEL CO**

Signature of Authorized Officer or employee: **Kathleen Foster**
Digitally signed by Kathleen Foster DN:cn=Kathleen Foster,email=kfoster@netins.net,O=massena tel co,l=Massena IA 50853, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Kathleen Foster**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **712-779-2227**

Study Area Code of Reporting Carrier

351239

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Mechanicsville Telephone	
Signature of authorized officer			Date		5-26-2015
Printed name of authorized officer			Hans Arwine		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer: (563) 432-7221					
Study Area Code of Reporting Carrier		351241	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Miles Cooperative Telephone Association			
Signature of authorized officer			<i>Don Bales</i>		Date		05/13/2015
Printed name of authorized officer			Donald Bales				
Title or position of authorized officer			General Manager				
Telephone number of authorized officer:			(563) 682-7111				
Study Area Code of Reporting Carrier		351242	Filing Due Date for this form (mm/dd/yyyy)		5/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Minburn Telephone Company	
Signature of authorized officer		<i>Debra Lucht</i>		Date	5/15/2015
Printed name of authorized officer		Debra Lucht			
Title or position of authorized officer		GM/Asst. Secretary			
Telephone number of authorized officer:		(515) 677-2264 ext.			
Study Area Code of Reporting Carrier	351245	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MINERVA VALLEY TEL**

Signature of Authorized Officer or employee: **Levi Bappe**
Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=mvity@netins.net,O=minerva valley tel,l=Zearing IA 50278-0176, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Levi Bappe**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **641-487-7399**

Study Area Code of Reporting Carrier

351246

Filing Due Date for this form
(mm/dd/yyyy)

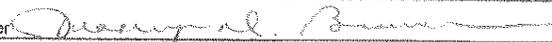
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Modern Cooperative Telephone Co.	
Signature of authorized officer				Date	5-21-2015
Printed name of authorized officer		Jeffrey D. Brower			
Title or position of authorized officer		General Manager, COO			
Telephone number of authorized officer:		(319) 667-2375 ext.			
Study Area Code of Reporting Carrier	351247	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Mutual Telephone Company of Morning Sun	
Signature of authorized officer				Date	5/18/2015
Printed name of authorized officer		Randy Foot			
Title or position of authorized officer		Executive Vice President			
Telephone number of authorized officer:		763 8687636 ext.			
Study Area Code of Reporting Carrier	351250	Filing Due Date for this form (mm/dd/yyyy)	5/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MEDIAPOLIS TEL CO**

Signature of Authorized Officer or employee: **William Malcom**
Digitally signed by William Malcom DN:cn=William Malcom,email=bmalcom@mepotelco.net,O=mediapolis tel co,I=Mediapolis IA 52637, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **William Malcom**

Title or position of Authorized Officer or employee: **General Manager & CEO**

Telephone number of Authorized Officer or employee: **319-394-3456**

Study Area Code of Reporting Carrier

351251

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MUTUAL TEL CO**

Signature of Authorized Officer or employee: **Doug Boone**

Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=mual tel co,l=Sioux Center IA 51250, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Doug Boone**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **712-722-3451**

Study Area Code of Reporting Carrier

351252

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier North English Cooperative Telephone Company			
Signature of authorized officer 		Date	5/18/2015
Printed name of authorized officer Reed Ostenberg			
Title or position of authorized officer COO			
Telephone number of authorized officer: (319) 664-3821			
Study Area Code of Reporting Carrier	351257	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NORTHERN IOWA TEL CO**

Signature of Authorized Officer or employee: **Doug Boone**
Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=northern iowa tel co,l=Sioux Center IA 51250, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Doug Boone**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **712-722-3451**

Study Area Code of Reporting Carrier

351259

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NORTHWEST IOWA TEL**

Signature of Authorized Officer or employee: **Paul Bergmann**
Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=paul.bergmann@longlines.biz,O=northwest iowa tel,l=Sergeant Bluff IA 51054, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Paul Bergmann**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **712-271-5535**

Study Area Code of Reporting Carrier	351260		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NORTHWEST TEL COOP**

Signature of Authorized Officer or employee: **Donald Miller**

Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest tel coop,l=Havelock IA 50546, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Donald Miller**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **712-776-2222**

Study Area Code of Reporting Carrier

351261

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **COMM 1 NETWORK**

Signature of Authorized Officer or employee: **Randy Yeakel**

Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=comm 1 network,l=Kanawha IA 50447, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Randy Yeakel**

Title or position of Authorized Officer or employee: **General Manager/ Director**

Telephone number of Authorized Officer or employee: **641-762-3772**

Study Area Code of Reporting Carrier

351262

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **OGDEN TEL CO - IA**

Signature of Authorized Officer or employee: **Gary Clark**
Digitally signed by Gary Clark DN:cn=Gary Clark,email=ogdentelgary@netins.net,O=ogden tel co - ia,I=Ogden IA 50212, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Gary Clark**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **515-275-2050**

Study Area Code of Reporting Carrier

351263

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **OLIN TEL CO, INC**

Signature of Authorized Officer or employee: **Rodney Cozart**
Digitally signed by Rodney Cozart DN:cn=Rodney Cozart,email=olintel@netins.net,O=olin tel co, inc,I=Olin IA 52320-0130, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Rodney Cozart**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **319-484-2200**

Study Area Code of Reporting Carrier

351264

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: Onslow Cooperative Telephone Association			
Signature of authorized officer: <i>[Handwritten Signature]</i>		Date:	05/18/2015
Printed name of authorized officer: Russ A. Benke			
Title or position of authorized officer: General Manager			
Telephone number of authorized officer: (563) 485-2833			
Study Area Code of Reporting Carrier	351265	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 803(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Oran Mutual Telephone Company	
Signature of authorized officer		<i>Barb Gruetzmacher</i>		Date	05/18/2015
Printed name of authorized officer				Barb Gruetzmacher	
Title or position of authorized officer				Secretary/Treasurer	
Telephone number of authorized officer:				(319) 638-6006	
Study Area Code of Reporting Carrier		351266	Filing Due Date for this form (mm/dd/yyyy)	5/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PALO COOP TEL ASSN**

Signature of Authorized Officer or employee: **Scott Hobson**

Digitally signed by Scott Hobson DN:cn=Scott Hobson,email=shobsonpcta@netins.net,O=palo coop tel assn,l= , Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Scott Hobson**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **319-851-3431**

Study Area Code of Reporting Carrier

351269

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PALMER MUTUAL TEL CO

Signature of Authorized Officer or employee: **Andy Peterson**
Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co,I=Palmer IA 50571, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer or employee: Andy Peterson

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 712-359-2411

Study Area Code of Reporting Carrier

351270

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PANORA COMM COOP

Signature of Authorized Officer or employee: **Andrew Randol**
Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panoratelco.com,O=panora comm coop,l=Panora IA 50216, Date:5/19/2015

Date: 5/19/2015

Printed name of Authorized Officer or employee: Andrew Randol

Title or position of Authorized Officer or employee: Chief Executive Officer

Telephone number of Authorized Officer or employee: 641-755-2424

Study Area Code of Reporting Carrier

351271

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PEOPLES TEL CO - IA**

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel co - ia,l= , Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier	351273		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PRAIRIEBURG TEL CO

Signature of Authorized Officer or employee: LaRae Reichenauer
Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel co,l= , Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer or employee: LaRae Reichenauer

Title or position of Authorized Officer or employee: Secretary/Treasurer

Telephone number of Authorized Officer or employee: 319-437-3611

Study Area Code of Reporting Carrier

351275

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PRESTON TEL CO**

Signature of Authorized Officer or employee: **Roger Kilburg**
Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestontel.com,O=preston tel co,l=Preston IA 52069-0167, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Roger Kilburg**

Title or position of Authorized Officer or employee: **Manager/Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **563-689-3811**

Study Area Code of Reporting Carrier

351276

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **RADCLIFFE TEL CO**

Signature of Authorized Officer or employee: **Edwin Drake**

Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@netins.net,O=radcliffe tel co,l=Radcliffe IA 50230-0140, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Edwin Drake**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **515-899-2341**

Study Area Code of Reporting Carrier

351277

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier Ringsted Telephone Company			
Signature of authorized officer <i>Daniel Nelsen</i>	Date	5/27/2015	
Printed name of authorized officer Daniel Nelsen			
Title or position of authorized officer Board President			
Telephone number of authorized officer: (712) 866-8000			
Study Area Code of Reporting Carrier	351280	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ROCKWELL COOP ASSN**

Signature of Authorized Officer or employee: **David Severin**

Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop assn,I=Rockwell IA 50469, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **David Severin**

Title or position of Authorized Officer or employee: **General Mgr/Assist Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **641-822-3212**

Study Area Code of Reporting Carrier

351282

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ROYAL TEL CO**

Signature of Authorized Officer or employee: **Doug Nelson**

Digitally signed by Doug Nelson DN:cn=Doug Nelson,email=dnelson@royaltelco.com,O=royal tel co,I=Royal IA 51357, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Doug Nelson**

Title or position of Authorized Officer or employee: **General Manager/CCO**

Telephone number of Authorized Officer or employee: **712-933-2615**

Study Area Code of Reporting Carrier

351283

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: River Valley Telecommunications Coop				
Signature of authorized officer: <i>Donald W Mahan</i>			Date:	5/27/2015
Printed name of authorized officer: Donald Mahan				
Title or position of authorized officer: Vice-President				
Telephone number of authorized officer: (712) 859-3300				
Study Area Code of Reporting Carrier:	351284	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Sac County Mutual Telephone Company	
Signature of authorized officer		<i>Ronald Sorensen</i>		Date	5/14/2015
Printed name of authorized officer				Ronald Sorensen	
Title or position of authorized officer				Compliance Officer	
Telephone number of authorized officer:				(713) 668-2200	
Study Area Code of Reporting Carrier		351285	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SCHALLER TEL CO**

Signature of Authorized Officer or employee: **Missy Kestel**

Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel co,l=Schaller IA 51053, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Missy Kestel**

Title or position of Authorized Officer or employee: **Accounting General Manager**

Telephone number of Authorized Officer or employee: **712-275-4211**

Study Area Code of Reporting Carrier

351291

Filing Due Date for this form
(mm/dd/yyyy)

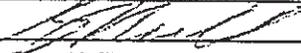
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Searsboro Telephone Company	
Signature of authorized officer				Date	5-26-15
Printed name of authorized officer		Gary Neill			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(402) 477-1354			
Study Area Code of Reporting Carrier	351292	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SHARON TEL CO

Signature of Authorized Officer or employee: Robert Schneider, Jr.
Digitally signed by Robert Schneider, Jr. DN:cn=Robert Schneider, Jr.,email=sharontc@sharontc.net,O=sharon tel co,l=Hills IA 52235, Date:5/20/2015

Date: 5/20/2015

Printed name of Authorized Officer or employee: Robert Schneider, Jr.

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 319-679-2211

Study Area Code of Reporting Carrier

351293

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SCRANTON TEL CO**

Signature of Authorized Officer or employee: **Samuel Fengel**
Digitally signed by Samuel Fengel DN:cn=Samuel Fengel,email=jingles@netins.net,O=scranton tel co,l=Scranton IA 51462-0008, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Samuel Fengel**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **712-652-3355**

Study Area Code of Reporting Carrier

351294

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SHELL ROCK COMM

Signature of Authorized Officer or employee: **Richard McBurney**
Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=shell rock comm,l=Plainfield IA 50666-0099, Date:5/22/2015

Date: 5/22/2015

Printed name of Authorized Officer or employee: Richard McBurney

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 319-276-4458

Study Area Code of Reporting Carrier	351295		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	--------	--	--	-----------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: HEART OF IOWA COMM.

Signature of Authorized Officer or employee: **Bryan Amundson**
Digitally signed by Bryan Amundson DN:cn=Bryan Amundson,email=bamundson@heartofiowa.coop,O=heart of iowa comm.,l=Union IA 50258-0130, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer or employee: Bryan Amundson

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 641-486-2211

Study Area Code of Reporting Carrier

351297

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SOUTH SLOPE COOP TEL**

Signature of Authorized Officer or employee: **Justyn Miller**

Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=south slope coop tel,I=North Liberty IA 52317, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Justyn Miller**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **319-626-2211**

Study Area Code of Reporting Carrier

351298

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SOUTHWEST TEL EXCH**

Signature of Authorized Officer or employee: **Mike Weis**

Digitally signed by Mike Weis DN:cn=Mike Weis,email=mikew@interstatecom.com,O=southwest tel exch,l=Truro IA 50257-0229, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Mike Weis**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **641-765-4201**

Study Area Code of Reporting Carrier

351301

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SPRINGVILLE COOP TEL**

Signature of Authorized Officer or employee: **Jean Schilling**
Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvt@netins.net,O=springville coop tel,l=Springville IA 52336-0009, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Jean Schilling**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **319-854-6107**

Study Area Code of Reporting Carrier

351302

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Cooperative Telephone Exchange	
Signature of authorized officer		<i>Marvin Ness</i>		Date	5/19/2015
Printed name of authorized officer		Marvin Ness			
Title or position of authorized officer		President, Board of Directors			
Telephone number of authorized officer:		(515) 826-3206 ext.			
Study Area Code of Reporting Carrier	351303	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SO. SLOPE-SWISHER**

Signature of Authorized Officer or employee: **Justyn Miller**
Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=so.slope-swisher,l=North Liberty IA 52317, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Justyn Miller**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **319-626-2211**

Study Area Code of Reporting Carrier

351304

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Stratford Mutual Telephone	
Signature of authorized officer			Date		5/26/15
Printed name of authorized officer			Jennifer L Frank		
Title or position of authorized officer			Assistant Secretary		
Telephone number of authorized officer: (515) 838-2390					
Study Area Code of Reporting Carrier		351305	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Sully Telephone Association	
Signature of authorized officer			Date		5/19/2015
Printed name of authorized officer			Earl J De Angelo		
Title or position of authorized officer:			General Manager		
Telephone number of authorized officer: (641) 594-2905					
Study Area Code of Reporting Carrier		35-1306	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Superior Telephone Co-op			
Signature of authorized officer			Date		5.13.15		
Printed name of authorized officer				Bob Soat			
Title or position of authorized officer				Board President			
Telephone number of authorized officer: () - ext.				712 858-4591			
Study Area Code of Reporting Carrier		351307		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Templeton Telephone Company	
Signature of authorized officer		<i>Patricia Snyder</i>		Date	05/18/2015
Printed name of authorized officer		Patricia Snyder			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(712) 669-3311 ext.			
Study Area Code of Reporting Carrier	351308	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TERRIL TEL. COOP.**

Signature of Authorized Officer or employee: **Douglas Nelson**
Digitally signed by Douglas Nelson DN:cn=Douglas Nelson,email=dnelson@terril.com,O=terril tel. coop.,I=Terril IA 51364-0100, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Douglas Nelson**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **712-853-6121**

Study Area Code of Reporting Carrier

351309

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TITONKA-BURT**

Signature of Authorized Officer or employee: **Vicky Nelson**

Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt,I=Titonka IA 50480-0321, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Vicky Nelson**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **515-928-2110**

Study Area Code of Reporting Carrier

351310

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **UNITED FARMERS TEL**

Signature of Authorized Officer or employee: **Roxanne White**
Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel,l=Every IA 51338, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Roxanne White**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **712-834-2211**

Study Area Code of Reporting Carrier

351316

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **VAN BUREN TEL CO**

Signature of Authorized Officer or employee: **Kevin Hranicka**
Digitally signed by Kevin Hranicka DN:cn=Kevin Hranicka,email=hranicka@netins.net,O=van buren tel co,l=Keosauqua IA 52565-0430, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Kevin Hranicka**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **319-293-3187**

Study Area Code of Reporting Carrier

351319

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **VAN HORNE COOP TEL**

Signature of Authorized Officer or employee: **Kerry Less**
Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop tel,I=Van Horne IA 52346-0096, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Kerry Less**

Title or position of Authorized Officer or employee: **CFO - Chief Financial Officer**

Telephone number of Authorized Officer or employee: **319-228-8791**

Study Area Code of Reporting Carrier

351320

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **VENTURA TEL CO, INC**

Signature of Authorized Officer or employee: **Thomas Lovell**
Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel co, inc,l=Clear Lake IA 50428-0066, Date:5/16/2015

Date: **5/16/2015**

Printed name of Authorized Officer or employee: **Thomas Lovell**

Title or position of Authorized Officer or employee: **General Manager/Vice President**

Telephone number of Authorized Officer or employee: **641-357-2111**

Study Area Code of Reporting Carrier

351322

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **VILLISCA FARMERS TEL**

Signature of Authorized Officer or employee: **Kevin Cabbage**
Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=villisca farmers tel,l=Stanton IA 51573-0220, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Kevin Cabbage**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-829-2111**

Study Area Code of Reporting Carrier

351324

Filing Due Date for this form
 (mm/dd/yyyy)

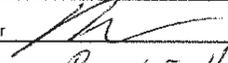
6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				WALNUT TELEPHONE COMPANY INC	
Signature of authorized officer				Date	
				18 MAY 2015	
Printed name of authorized officer				BRUCE HOGAN	
Title or position of authorized officer				PRESIDENT / GENERAL MANAGER	
Telephone number of authorized officer:				7127842211 ext.	
Study Area Code of Reporting Carrier		351326	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WEBB-DICKENS TEL**

Signature of Authorized Officer or employee: **Doug Boone**
Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=webb-dickens tel,l=Sioux Center IA 51250, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Doug Boone**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **712-722-3451**

Study Area Code of Reporting Carrier

351327

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WEBSTER-CALHOUN COOP**

Signature of Authorized Officer or employee: **Daryl Carlson**
Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=darylc@wccta.com,O=webster-calhoun coop,I=Gowrie IA 50543, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Daryl Carlson**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **515-352-3151**

Study Area Code of Reporting Carrier

351328

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Wellman Cooperative Telephone Association	
Signature of authorized officer		<i>Jayne Hochstedler</i>		Date	05/18/2015
Printed name of authorized officer		Jayne Hochstedler			
Title or position of authorized officer		CFO			
Telephone number of authorized officer:		(319) 646-6075 ext.			
Study Area Code of Reporting Carrier	351329	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WEST IOWA TEL CO**

Signature of Authorized Officer or employee: **Robert Gannon**
Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel co,l=Remsen IA 51050-0330, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Robert Gannon**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **712-786-5572**

Study Area Code of Reporting Carrier

351331

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WEST LIBERTY TEL CO**

Signature of Authorized Officer or employee: **Craig Bieber**

Digitally signed by Craig Bieber DN:cn=Craig Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,lc=, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Craig Bieber**

Title or position of Authorized Officer or employee: **Controller/Treasurer**

Telephone number of Authorized Officer or employee: **319-627-2145**

Study Area Code of Reporting Carrier

351332

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Western Iowa Telephone Association	
Signature of authorized officer	<i>Russell E. Walker</i>	Date	05/18/2015
Printed name of authorized officer		Russell E. Walker	
Title or position of authorized officer		Board President	
Telephone number of authorized officer:		(712) 944-5711 ext.	
Study Area Code of Reporting Carrier	351334	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WESTSIDE INDEPENDENT**

Signature of Authorized Officer or employee: **Jane Morlok**

Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=westside independent,l=Breda IA 51436-0190, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Jane Morlok**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **712-673-8101**

Study Area Code of Reporting Carrier

351335

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WILTON TEL CO**

Signature of Authorized Officer or employee: **Stacie Harris**

Digitally signed by Stacie Harris DN:cn=Stacie Harris,email=stacie@wtccommunications.com,O=wilton tel co,l=Wilton IA 52778-0970, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Stacie Harris**

Title or position of Authorized Officer or employee: **General Manager/CFO**

Telephone number of Authorized Officer or employee: **563-732-3000**

Study Area Code of Reporting Carrier

351336

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

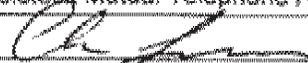
Name of Reporting Carrier				Winnebago Cooperative Telecom Association	
Signature of authorized officer				Date	5/15/2015
Printed name of authorized officer		Mark Thoma			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(641) 592-6105 ext.			
Study Area Code of Reporting Carrier	351337	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: Woolstock Mutual Telephone Assn.			
Signature of authorized officer: 		Date:	05-14-2015
Printed name of authorized officer: Chris Simmons			
Title or position of authorized officer: General Manager			
Telephone number of authorized officer: (515) 839-5571			
State Area Code of Reporting Carrier:	351342	Filing Due Date for this form (mm/dd/yyyy):	5/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 802, 803(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WYOMING MUTUAL TEL**

Signature of Authorized Officer or employee: Debra Williams	Digitally signed by Debra Williams DN:cn=Debra Williams,email=wyoming@netins.net,O=wyoming mutual tel,l=Wyoming IA 52362, Date:5/19/2015	Date: 5/19/2015
--	--	------------------------

Printed name of Authorized Officer or employee: **Debra Williams**

Title or position of Authorized Officer or employee: **Office Manager/Board Secretary**

Telephone number of Authorized Officer or employee: **563-488-2535**

Study Area Code of Reporting Carrier	351343		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
--------------------------------------	---------------	--	--	------------------	--

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PRAIRIE TEL CO

Signature of Authorized Officer or employee: Jane Morlok
Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=prairie tel co,l=Breda IA 51436-0190, Date:5/22/2015

Date: 5/22/2015

Printed name of Authorized Officer or employee: Jane Morlok

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 712-673-8101

Study Area Code of Reporting Carrier

351344

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: ACE TEL ASSN-IA

Signature of Authorized Officer or employee: **Todd Roesler**
Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel assn-ia,l=Houston MN 55943-0360, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer or employee: Todd Roesler

Title or position of Authorized Officer or employee: Chief Executive Officer

Telephone number of Authorized Officer or employee: 507-896-6292

Study Area Code of Reporting Carrier

351346

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ALLIANCE-HILLS IA**

Signature of Authorized Officer or employee: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills ia,I=Garretson SD 57030, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier

351405

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Killduff Telephone Company**

Signature of authorized officer *[Handwritten Signature]*

Date **5-26-15**

Printed name of authorized officer **Gary Neill**

Title or position of authorized officer **General Manager**

Telephone number of authorized officer: **(402) 477-1354**

Study Area Code of Reporting Carrier **351407**

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: MABEL COOP TEL-IA

Signature of Authorized Officer or employee: **Lorren Tingesdal**
Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabelltel.coop,O=mabel coop tel-ia,l=Mabel MN 55954-0368, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer or employee: Lorren Tingesdal

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 507-493-5411

Study Area Code of Reporting Carrier

351424

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Grand River Mutual Telephone Corporation	
Signature of authorized officer		<i>Gregg Davis</i>		Date	May 19, 2015
Printed name of authorized officer		Gregg Davis			
Title or position of authorized officer		President, Board of Directors			
Telephone number of authorized officer:		(660) 748-3231			
Study Area Code of Reporting Carrier	351888	Filing Due Date for this form (mm/dd/yyyy)	5/15/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					