

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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	361337	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Name of Reporting Carrier: ACE TEL ASSN-MN

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-mn,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

361346

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

6/16/2015

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Name of Reporting Carrier				Albany Mutual Telephone Association	
Signature of authorized officer			Date		5/18/2015
Printed name of authorized officer			Steven W. Katka		
Title or position of authorized officer			CEO/General Manager		
Telephone number of authorized officer:			(320) 845-2101		
Study Area Code of Reporting Carrier		361347	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
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Name of Reporting Carrier: **WILDERNESS VALLEY**

Signature of Authorized Officer or employee: **Robert Riddell**  
Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=wilderness valley, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Robert Riddell**

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

Telephone number of Authorized Officer or employee: **218-488-6565**

Study Area Code of Reporting Carrier

**361348**

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

**6/16/2015**

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Name of Reporting Carrier: **CITY OF BARNESVILLE**

Signature of Authorized Officer or employee: **Guy Swenson**

Digitally signed by Guy Swenson DN:cn=Guy Swenson,email=gswenson@bvillemn.net,O=city of barnesville,l=Barnesville MN 56514, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Guy Swenson**

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

Telephone number of Authorized Officer or employee: **218-354-2292**

Study Area Code of Reporting Carrier

**361353**

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

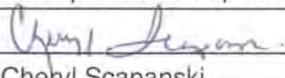
**6/16/2015**

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Name of Reporting Carrier				Benton Cooperative Telephone Company	
Signature of authorized officer				Date	5/18/2015
Printed name of authorized officer		Cheryl Scapanski			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(320) 393-2115 <small>EXT.</small>			
Study Area Code of Reporting Carrier	361356	Filing Due Date for this form (mm/dd/yyyy)	5/18/2015		
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Name of Reporting Carrier: **CALLAWAY TEL CO**

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel co, Inc., Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361365**

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

**6/16/2015**

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Name of Reporting Carrier: **CLARA CITY TEL EXCH**

Signature of Authorized Officer or employee: **Bruce Hanson**

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=clara city tel exch, 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

**361370**

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

**6/16/2015**

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

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel co,l= , Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361372**

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

**6/16/2015**

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

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Name of Reporting Carrier: **ARROWHEAD COMM CORP**

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=arrowhead comm corp, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier	<b>361374</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Name of Reporting Carrier: **DUNNELL TEL CO**

Signature of Authorized Officer or employee: **Charles Mattingly**  
Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@vncenterprises.com,O=dunnell tel co,l=Judson TX 75660, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Charles Mattingly**

Title or position of Authorized Officer or employee: **Managing Member**

Telephone number of Authorized Officer or employee: **903-663-0099**

Study Area Code of Reporting Carrier

**361381**

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

**6/16/2015**

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Name of Reporting Carrier: **EAGLE VALLEY TEL CO**

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=eagle valley tel co,|= , Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361383**

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

**6/16/2015**

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Name of Reporting Carrier: **EAST OTTER TAIL TEL**

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=east otter tail tel, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier	<b>361385</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Name of Reporting Carrier <b>Eckles Telephone Company</b>				
Signature of authorized officer <i>[Signature]</i>			Date	<b>5/26/2015</b>
Printed name of authorized officer <b>William Eckles</b>				
Title or position of authorized officer <b>President</b>				
Telephone number of authorized officer: <b>(507) 526-3252</b>				
Study Area Code of Reporting Carrier	<b>361386</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
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Name of Reporting Carrier: **EMILY COOP TEL CO**

Signature of Authorized Officer or employee: **Josh Netland**

Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop tel co,l=Emily MN 56447, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Josh Netland**

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

Telephone number of Authorized Officer or employee: **218-763-3000**

Study Area Code of Reporting Carrier

**361387**

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

**6/16/2015**

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Name of Reporting Carrier: **FARMERS MUTUAL TEL**

Signature of Authorized Officer or employee: **Kevin Beyer**  
Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kbeyer@fedtel.net,O=farmers mutual tel, Date:5/20/2015

Date: **5/20/2015**

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

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

Telephone number of Authorized Officer or employee: **320-568-2105**

Study Area Code of Reporting Carrier

**361389**

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

**6/16/2015**

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

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

Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kbeyer@fedtel.net,O=federated tel coop,l=Chokio MN 56221, Date:5/21/2015

Date: **5/21/2015**

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

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

Telephone number of Authorized Officer or employee: **320-324-7111**

Study Area Code of Reporting Carrier

**361390**

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

**6/16/2015**

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

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=felton tel co. inc., Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361391**

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

**6/16/2015**

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Name of Reporting Carrier				Garden Valley Telephone Company	
Signature of authorized officer		<i>Joe O. Sandberg</i>		Date	May 18, 2015
Printed name of authorized officer		Joe O. Sandberg			
Title or position of authorized officer		Treasurer			
Telephone number of authorized officer:		(218) 687-2400			
Study Area Code of Reporting Carrier	361395	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
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Name of Reporting Carrier: **GARDONVILLE COOP TEL**

Signature of Authorized Officer or employee: **David Wolf**

Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop tel,=, Date:5/22/2015

Date: **5/22/2015**

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

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

Telephone number of Authorized Officer or employee: **320-524-2211**

Study Area Code of Reporting Carrier

**361396**

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

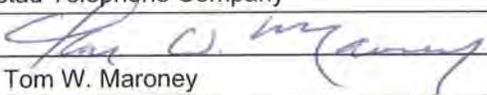
**6/16/2015**

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Name of Reporting Carrier: Halstad Telephone Company			
Signature of authorized officer: 		Date:	5/19/2015
Printed name of authorized officer: Tom W. Maroney			
Title or position of authorized officer: CEO			
Telephone number of authorized officer: (218) 456-2125 ext.			
Study Area Code of Reporting Carrier:	361401	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kbeyer@fedtel.net,O=federated tel coop,l=Chokio MN 56221, Date:5/21/2015

Date: **5/21/2015**

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

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

Telephone number of Authorized Officer or employee: **320-324-7111**

Study Area Code of Reporting Carrier

**361403**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Lorren Tingesdal**  
Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabelltel.coop,O=harmony tel co,l=Harmony MN 55939, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Lorren Tingesdal**

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

Telephone number of Authorized Officer or employee: **507-886-2525**

Study Area Code of Reporting Carrier

**361404**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 MN**

Signature of Authorized Officer or employee: **Kari Flanagan**  
Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills mn,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

**361405**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 TEL CO - MN

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=home tel co - mn,l= , Date:5/19/2015

Date: 5/19/2015

Printed name of Authorized Officer or employee: Staci Malikowski

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

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier

361408

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: HUTCHINSON TEL CO

Signature of Authorized Officer or employee: **Curt Kawlewski**  
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=hutchinson tel co,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

361409

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

6/16/2015

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

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: Johnson Telephone Company			
Signature of authorized officer: <i>Donna Gunderson</i>	Date:	5/22/2015	
Printed name of authorized officer: Donna Gunderson			
Title or position of authorized officer: Corporate Secretary			
Telephone number of authorized officer: (218) 566-2302			
Study Area Code of Reporting Carrier:	361410	Filing Due Date for this form (mm/dd/yyyy):	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **KASSON & MANTORVILLE**

Signature of Authorized Officer or employee: **Beth Tollefson**  
Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=tollef@kmtel.com,O=kasson & mantorville, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Beth Tollefson**

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

Telephone number of Authorized Officer or employee: **507-634-2511**

Study Area Code of Reporting Carrier

**361412**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: LISMORE COOP TEL CO

Signature of Authorized Officer or employee: **Tarri Joens**

Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretel.com,O=lismore coop tel co,l=Lismore MN 56155-0127, Date:5/19/2015

Date: 5/19/2015

Printed name of Authorized Officer or employee: Tarri Joens

Title or position of Authorized Officer or employee: Office Manager

Telephone number of Authorized Officer or employee: 507-472-8748

Study Area Code of Reporting Carrier

361419

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

M I d neQdngnif B' qtdq Lonsdale Telephone Co., Inc.			
Rif m' s' q' ne' t' gndydc ne'bdq <i>Bonnie R. Simon</i>		C' ad	5/21/2015
Q'ndic m' l' d' ne' t' gndydc ne'bdq Bonnie Simon			
St'hd nqonrt'hnne' t' gndydc ne'bdq President			
S'hdngnne' m' l' adqne' t' gndydc ne'bdq (507) 744-2311			
Rd' cx @p' B'ncd neQdngnif B' qtdq	36-1422	El'mf C' d' C' ad enq'g' end 'l' l' .cc .xxx	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

Name of Reporting Carrier					Runestone Telephone Association						
Signature of authorized officer				<i>John M. Kapphahn</i>				Date		05/18/2015	
Printed name of authorized officer					John Kapphahn						
Title or position of authorized officer					Secretary/Treasurer						
Telephone number of authorized officer:					(320) 986-2013 ext.						
Study Area Code of Reporting Carrier			361423		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015				
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>											

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 - MN**

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 - mn,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

**361424**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CHRISTENSEN COMM CO**

Signature of Authorized Officer or employee: **Andy Hennis**

Digitally signed by Andy Hennis DN:cn=Andy Hennis,email=andyh@chriscomco.net,O=christensen comm co,l= , Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Andy Hennis**

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

Telephone number of Authorized Officer or employee: **507-642-5555**

Study Area Code of Reporting Carrier

**361425**

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

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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				Manchester-Hartland Telephone Company			
Signature of authorized officer			<i>Phillip Morreim</i>		Date		05/20/2015
Printed name of authorized officer				Phillip Morreim			
Title or position of authorized officer				President			
Telephone number of authorized officer:				(507) 826-3212			
Study Area Code of Reporting Carrier		361426		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. §§ 902, 903(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: MELROSE TEL CO

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=melrose tel co,l= , Date:5/19/2015

Date: 5/19/2015

Printed name of Authorized Officer or employee: Staci Malikowski

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

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier

361430

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=midwest tel co,l= , Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361431**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MINNESOTA VALLEY TEL**

Signature of Authorized Officer or employee: **Danny Busche**

Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=minnesota valley tel,l=Franklin MN 55333, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Danny Busche**

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

Telephone number of Authorized Officer or employee: **507-557-2275**

Study Area Code of Reporting Carrier

**361439**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 ULM TELECOM, INC**

Signature of Authorized Officer or employee: **Curt Kawlewski**  
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=new ulm telecom, inc, 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	<b>361442</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LORETEL SYSTEMS, INC**

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=loretel systems, inc, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361443**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=osakis tel co,l= , Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361448**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PARK REGION MUTUAL**

Signature of Authorized Officer or employee: **Dave Bickett**  
Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual,l=Underwood MN 56586-0277, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Dave Bickett**

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

Telephone number of Authorized Officer or employee: **218-826-6161**

Study Area Code of Reporting Carrier

**361450**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PAUL BUNYAN RURAL**

Signature of Authorized Officer or employee: **Dave Schultz**

Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural,l= , Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Dave Schultz**

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

Telephone number of Authorized Officer or employee: **218-444-1141**

Study Area Code of Reporting Carrier

**361451**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 - MN**

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=peoples tel co - mn, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361453**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **REDWOOD COUNTY TEL**

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

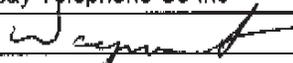
**361472**

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

**6/16/2015**

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

TO BE COMPLETED BY 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 <b>Rothsay Telephone Co Inc</b>			
Signature of authorized officer 		Date	<b>5/19/2015</b>
Printed name of authorized officer <b>Wayne Stowman</b>			
Title or position of authorized officer <b>Secy/Treas</b>			
Telephone number of authorized officer: <b>(218) 868-2111</b> ext.			
Study Area Code of Reporting Carrier	<b>361474</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>5/16/2015</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(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					Runestone Telephone Association					
Signature of authorized officer				<i>John M. Kapphahn</i>			Date		05/18/2015	
Printed name of authorized officer					John Kapphahn					
Title or position of authorized officer					Secretary/Treasurer					
Telephone number of authorized officer:					(320) 986-2013, ext.					
Study Area Code of Reporting Carrier			361475		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015			
<p align="center"><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>										

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: SACRED HEART TEL CO

Signature of Authorized Officer or employee: Bruce Hanson

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel co,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

361476

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 Rice Telephone Company dba Integra Telecom			
Signature of authorized officer			Date			5/22/15	
Printed name of authorized officer				Mark Raskopf			
Title or position of authorized officer				SR Director of Tax			
Telephone number of authorized officer:				360.558.4829			
Study Area Code of Reporting Carrier		361479		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, 603(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: **SLEEPY EYE TEL CO**

Signature of Authorized Officer or employee: **Curt Kawlewski**  
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=sleepy eye tel co,|= , 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

**361483**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 GROVE COMM.**

Signature of Authorized Officer or employee: **Craig Otterness**  
Digitally signed by Craig Otterness DN:cn=Craig Otterness,email=otter9@aol.com,O=spring grove comm.,l=Spring Grove MN 55974-0516, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Craig Otterness**

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

Telephone number of Authorized Officer or employee: **507-498-3456**

Study Area Code of Reporting Carrier

**361485**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Bruce Hanson**

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel co,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

**361487**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 VALLEY-ULEN TEL**

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=twin valley-ulen tel,l= , Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361491**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **UPSALA COOP TEL ASSN**

Signature of Authorized Officer or employee: **Tony Gebhard**  
Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala coop tel assn,l=Upsala MN 56384, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Tony Gebhard**

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

Telephone number of Authorized Officer or employee: **320-573-1390**

Study Area Code of Reporting Carrier

**361494**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 TEL CO - MN**

Signature of Authorized Officer or employee: **Dave Bickett**

Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=valley tel co - mn,l=Underwood MN 56586-0277, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Dave Bickett**

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

Telephone number of Authorized Officer or employee: **218-826-6161**

Study Area Code of Reporting Carrier

**361495**

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

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Crosslake Telephone Company	
Signature of authorized officer		<i>Debby Floerchinger</i>		Date	05/18/2015
Printed name of authorized officer		Debby Floerchinger			
Title or position of authorized officer		Local Manager			
Telephone number of authorized officer: (218) 692-2777, ext.					
Study Area Code of Reporting Carrier	361499		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **NORTHERN TEL CO - MN**

Signature of Authorized Officer or employee: **Robert Riddell**  
Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=northern tel co - mn,l= , Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Robert Riddell**

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

Telephone number of Authorized Officer or employee: **218-488-6565**

Study Area Code of Reporting Carrier

**361500**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 CENTRAL TELEPHONE ASSN	
Signature of authorized officer				Date	05/18/2015
Printed name of authorized officer		CHAD BULLOCK			
Title or position of authorized officer		CEO-GM			
Telephone number of authorized officer:		(218) 837-5151			
Study Area Code of Reporting Carrier	361501	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: **WESTERN TEL CO**

Signature of Authorized Officer or employee: **Curt Kawlewski**  
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=western tel co,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

**361502**

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

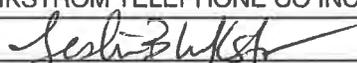
**6/16/2015**

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**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

Name of Reporting Carrier				WIKSTROM TELEPHONE CO INC	
Signature of authorized officer				Date	05/26/2015
Printed name of authorized officer		LESLIE B WIKSTROM			
Title or position of authorized officer		VICE PRESIDENT			
Telephone number of authorized officer:		(218) 436-2121 ext.			
Study Area Code of Reporting Carrier	361505	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Danny Busche**  
Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=winthrop tel co,l=Franklin MN 55333, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Danny Busche**

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

Telephone number of Authorized Officer or employee: **507-557-2275**

Study Area Code of Reporting Carrier

**361508**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Terry Nelson**

Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock tel co,l=Ruthton MN 56170, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Terry Nelson**

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

Telephone number of Authorized Officer or employee: **507-658-3830**

Study Area Code of Reporting Carrier

**361510**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Bruce Hanson**

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota tel co, Inc., 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

**361515**

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

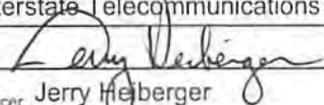
**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 Telecommunications Cooperative, Inc. (ITC)				
Signature of authorized officer						Date		5-20-15	
Printed name of authorized officer				Jerry Heiberger					
Title or position of authorized officer				CEO					
Telephone number of authorized officer:				(605) 874-2181					
Study Area Code of Reporting Carrier			361654		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.net,O=arapahoe tel co,l=Arapahoe NE 68922, Date:5/22/2015

Date: **5/22/2015**

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

Title or position of Authorized Officer or employee: **VP Operations**

Telephone number of Authorized Officer or employee: **308-962-7298**

Study Area Code of Reporting Carrier

**371516**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=arlington tel co,l= , Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Joe Jetensky**

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

Telephone number of Authorized Officer or employee: **402-426-6245**

Study Area Code of Reporting Carrier

**371517**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ELSIE COMM., INC.**

Signature of Authorized Officer or employee: **David Shipley**

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=elsie comm., inc.,I=Colorado City CO 81019, Date:5/16/2015

Date: **5/16/2015**

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

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

Telephone number of Authorized Officer or employee: **866-542-6780**

Study Area Code of Reporting Carrier

**371518**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 BLAIR TEL CO**

Signature of Authorized Officer or employee: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=the blair tel co,l= , Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Joe Jetensky**

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

Telephone number of Authorized Officer or employee: **402-426-6245**

Study Area Code of Reporting Carrier

**371524**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **THREE RIVER TELCO**

Signature of Authorized Officer or employee: **Neil Classen**  
Digitally signed by Neil Classen DN:cn=Neil Classen,email=neil@threeriver.net,O=three river telco,l=Lynch NE 68746-0066, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Neil Classen**

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

Telephone number of Authorized Officer or employee: **402-569-2666**

Study Area Code of Reporting Carrier

**371525**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 -NE

Signature of Authorized Officer or employee: J. Shoemaker

Digitally signed by J. Shoemaker DN:cn=J. Shoemaker,email=tom.shoemaker@pnpt.com,O=cambridge tel co -ne,l=Cambridge NE 69022. Date:5/22/2015

Date: 5/22/2015

Printed name of Authorized Officer or employee: J. Shoemaker

Title or position of Authorized Officer or employee: V P Regulatory Affairs

Telephone number of Authorized Officer or employee: 308-697-3333

Study Area Code of Reporting Carrier

371526

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CONSOLIDATED TELCO**

Signature of Authorized Officer or employee: **Wendy Thompson Fast**  
Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco,l=Lincoln NE 68506-0147, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

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

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier

**371530**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <b>Clarks Telecommunications Company</b>			
Signature of authorized officer	<i>David Schutte</i>	Date	<b>5/12/15</b>
Printed name of authorized officer <b>David Schutte</b>			
Title or position of authorized officer <b>Treasurer</b>			
Telephone number of authorized officer: <b>(402) 632-4204</b> , ext.			
Study Area Code of Reporting Carrier	<b>371531</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Wendy Thompson Fast**  
Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated tel co,l=Lincoln NE 68506-0147, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

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

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier

**371532**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Marcus Young**  
Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad tel co,l= , Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Marcus Young**

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

Telephone number of Authorized Officer or employee: **308-784-4044**

Study Area Code of Reporting Carrier

**371534**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Wendy Thompson Fast**  
Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=curtis tel co,l=Lincoln NE 68506-0147, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

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

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier

**371536**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **DALTON TEL CO, INC**

Signature of Authorized Officer or employee: **David Shipley**

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton tel co, inc,l=Colorado City CO 81019, Date:5/16/2015

Date: **5/16/2015**

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

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

Telephone number of Authorized Officer or employee: **866-542-6779**

Study Area Code of Reporting Carrier

**371537**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Loren Duerksen**  
Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller tel co,l=Diller NE 68342-0236, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Loren Duerksen**

Title or position of Authorized Officer or employee: **Director of Operations**

Telephone number of Authorized Officer or employee: **402-793-5330**

Study Area Code of Reporting Carrier

**371540**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **EASTERN NEBRASKA TEL**

Signature of Authorized Officer or employee: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=eastern nebraska tel, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Joe Jetensky**

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

Telephone number of Authorized Officer or employee: **402-426-6245**

Study Area Code of Reporting Carrier

**371542**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 MEMBER**

Signature of Authorized Officer or employee: **Stanley Rouse**

Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood tel member,l=Blue Hill NE 68930-0008, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Stanley Rouse**

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

Telephone number of Authorized Officer or employee: **402-756-3131**

Study Area Code of Reporting Carrier

**371553**

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

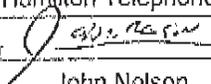
**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 Telephone Company	
Signature of authorized officer			Date		
			5-13-15		
Printed name of authorized officer				John Nelson	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(402) 694-5101 ext.	
Study Area Code of Reporting Carrier		371555	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **HARTINGTON TELECOM**

Signature of Authorized Officer or employee: **William Dendinger**  
Digitally signed by William Dendinger DN:cn=William Dendinger,email=billd@hartel.net,O=hartington telecom,l=Hartington NE 68739-0157, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **William Dendinger**

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

Telephone number of Authorized Officer or employee: **402-254-3901**

Study Area Code of Reporting Carrier

**371556**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Hartman Telephone Exchanges, Inc.	
Signature of authorized officer		<i>Linda L McKain</i>		Date	05.19.2015
Printed name of authorized officer		Linda L McKain			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		(308) 423-2000			
Study Area Code of Reporting Carrier	371557	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: **HEMINGFORD COOP TEL**

Signature of Authorized Officer or employee: **Tonya Mayer**

Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop tel,l=Hemingford NE 69348-0246, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Tonya Mayer**

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

Telephone number of Authorized Officer or employee: **308-487-3311**

Study Area Code of Reporting Carrier

**371558**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **HENDERSON CO-OP TEL**

Signature of Authorized Officer or employee: **James Mestl**  
Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henderson co-op tel,l=Henderson NE 68371, Date:5/19/2015

Date: **5/19/2015**

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

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

Telephone number of Authorized Officer or employee: **402-723-4448**

Study Area Code of Reporting Carrier

**371559**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **HERSHEY COOP TEL CO**

Signature of Authorized Officer or employee: **Rex Woolley**  
Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey coop tel co,l=Hershey NE 69143, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Rex Woolley**

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

Telephone number of Authorized Officer or employee: **308-368-5561**

Study Area Code of Reporting Carrier

**371561**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CONSOLIDATED TELECOM**

Signature of Authorized Officer or employee: **Wendy Thompson Fast**  
Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telecom,l=Lincoln NE 68506-0147, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

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

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier

**371562**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Robert Gannon**  
Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper tel co,I=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	<b>371563</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **K & M TEL CO, INC**

Signature of Authorized Officer or employee: **Thomas Magnuson**  
Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k & m tel co, inc,l=Chambers NE 68725, Date:5/23/2015

Date: **5/23/2015**

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

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

Telephone number of Authorized Officer or employee: **402-482-5220**

Study Area Code of Reporting Carrier

**371565**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 NET SRV**

Signature of Authorized Officer or employee: **Stanley Rouse**  
Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood net srv,l=Blue Hill NE 68930-0008, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Stanley Rouse**

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

Telephone number of Authorized Officer or employee: **402-756-3131**

Study Area Code of Reporting Carrier

**371567**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NEBRASKA CENTRAL TEL**

Signature of Authorized Officer or employee: **Nancy McGregor-Jader**

Digitally signed by Nancy McGregor-Jader DN:cn=Nancy McGregor-Jader,email=njader@nctc.net,O=nebraska central tel,/=Gibbon NE 68840-0700, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Nancy McGregor-Jader**

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

Telephone number of Authorized Officer or employee: **308-468-6341**

Study Area Code of Reporting Carrier

**371574**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 Nebraska Telephone Company	
Signature of authorized officer		<i>David Schutte</i>		Date	5/12/15
Printed name of authorized officer		David Schutte			
Title or position of authorized officer		Treasurer			
Telephone number of authorized officer:		(402) 632-4321 <sub>ext</sub>			
Study Area Code of Reporting Carrier		371576	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: **GREAT PLAINS COMMUN**

Signature of Authorized Officer or employee: **Wyman Nelson**

Digitally signed by Wyman Nelson DN:cn=Wyman Nelson,email=wenelson@gpcom.com,O=great plains commun,l=Blair NE 68008, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Wyman Nelson**

Title or position of Authorized Officer or employee: **Vice President & Chief Legal Counsel**

Telephone number of Authorized Officer or employee: **402-456-6594**

Study Area Code of Reporting Carrier

**371577**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Mary Bichlmeier**  
Digitally signed by Mary Bichlmeier DN:cn=Mary Bichlmeier,email=maryb@piercetel.com,O=Pierce tel co,l=Pierce NE 68767-0113, Date:5/27/2015

Date: **5/27/2015**

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

Title or position of Authorized Officer or employee: **Company Accountant**

Telephone number of Authorized Officer or employee: **402-329-6225**

Study Area Code of Reporting Carrier

**371581**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Eric Nye**  
Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@uwo.edu,O=plainview tel co,l=Plainview NE 68769, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Eric Nye**

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

Telephone number of Authorized Officer or employee: **402-582-4242**

Study Area Code of Reporting Carrier

**371582**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ROCK COUNTY TEL CO**

Signature of Authorized Officer or employee: **Joe Jetensky**  
Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=rock county tel co, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Joe Jetensky**

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

Telephone number of Authorized Officer or employee: **402-426-6245**

Study Area Code of Reporting Carrier

**371586**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Mike Plautz**

Digitally signed by Mike Plautz DN:cn=Mike Plautz,email=secretary@sdtntele.com,O=sodtown tel co, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Mike Plautz**

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

Telephone number of Authorized Officer or employee: **308-467-2310**

Study Area Code of Reporting Carrier

**371590**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SE NEBRASKA COMM INC**

Signature of Authorized Officer or employee: **Ray Joy**  
Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=se nebraska comm inc,|=  
 Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Ray Joy**

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

Telephone number of Authorized Officer or employee: **402-245-4451**

Study Area Code of Reporting Carrier

**371591**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **STANTON TELECOM INC.**

Signature of Authorized Officer or employee: **Robert Paden**

Digitally signed by Robert Paden DN:cn=Robert Paden,email=rjpaden@stanton.net,O=stanton telecom inc.,l=Stanton NE 68779. Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Robert Paden**

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

Telephone number of Authorized Officer or employee: **402-439-2264**

Study Area Code of Reporting Carrier

**371592**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					Wauneta Telephone Company					
Signature of authorized officer				<i>Linda L McKain</i>			Date		05.19.2015	
Printed name of authorized officer					Linda L McKain					
Title or position of authorized officer					Vice President					
Telephone number of authorized officer:					(308) 423-2000					
Study Area Code of Reporting Carrier			371597		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				Benkelman Telephone Co., Inc.	
Signature of authorized officer		<i>Linda L. McKain</i>		Date	05.19.2015
Printed name of authorized officer		Linda L McKain			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		(308) 423-2000 ext.			
Study Area Code of Reporting Carrier	372455	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 DAKOTA TEL CO**

Signature of Authorized Officer or employee: **Shawna Senger**  
Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota tel co,l=Devils Lake ND 58301, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Shawna Senger**

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

Telephone number of Authorized Officer or employee: **701-662-6428**

Study Area Code of Reporting Carrier	<b>381447</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: <b>Wolverton Telephone Co.</b>			
Signature of authorized officer: 		Date:	<b>5/21/2015</b>
Printed name of authorized officer: <b>David L. Dunning</b>			
Title or position of authorized officer: <b>Executive Vice President</b>			
Telephone number of authorized officer: <b>(701) 284-7221 ext.</b>			
Study Area Code of Reporting Carrier	<b>381509</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ABSARAKA COOP TEL CO**

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

Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop tel co,l= , Date:5/18/2015

Date: **5/18/2015**

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

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

Telephone number of Authorized Officer or employee: **701-896-3404**

Study Area Code of Reporting Carrier

**381601**

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

**6/16/2015**

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

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

Name of Reporting Carrier				BEK Communications Cooperative	
Signature of authorized officer		<i>Brett Stroh</i>		Date	5/27/2015
Printed name of authorized officer		Brett Stroh			
Title or position of authorized officer		President			
Telephone number of authorized officer: (701) 475-2361 <sub>ext.</sub>					
Study Area Code of Reporting Carrier		381604	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

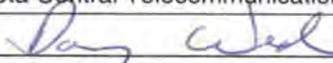
Name of Reporting Carrier				Consolidated Telcom	
Signature of authorized officer		<i>Bill Schaller</i>		Date	5-22-15
Printed name of authorized officer		Bill Schaller			
Title or position of authorized officer		President			
Telephone number of authorized officer: (701) 483-4000					
Study Area Code of Reporting Carrier	381607		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Dakota Central Telecommunications Cooperative/DCTI			
Signature of authorized officer					Date		5/26/15
Printed name of authorized officer				Doug Wede			
Title or position of authorized officer				President			
Telephone number of authorized officer:				(701) 652-3184			
Study Area Code of Reporting Carrier		38-1610		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: **DICKEY RURAL COOP**

Signature of Authorized Officer or employee: **Robert Johnson**  
Digitally signed by Robert Johnson DN:cn=Robert Johnson,email=rjohnson@drtel.com,O=dickey rural coop, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Robert Johnson**

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

Telephone number of Authorized Officer or employee: **701-344-6010**

Study Area Code of Reporting Carrier

**381611**

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

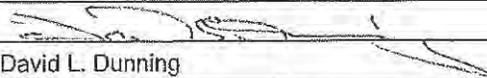
**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GRIGGS COUNTY TEL CO**

Signature of Authorized Officer or employee: **Tyler Kilde**

Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tylerk@mlgc.biz,O=griggs county tel co,l=Enderlin ND 58027-0066, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Tyler Kilde**

Title or position of Authorized Officer or employee: **VP/GM**

Telephone number of Authorized Officer or employee: **701-437-3417**

Study Area Code of Reporting Carrier

**381615**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **INTER-COMMUNITY TEL**

Signature of Authorized Officer or employee: **Keith Andersen**  
Digitally signed by Keith Andersen DN:cn=Keith Andersen,email=kander@ictc.com,O=inter-community tel,I=Nome ND 58062-0008, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Keith Andersen**

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

Telephone number of Authorized Officer or employee: **701-924-8815**

Study Area Code of Reporting Carrier	<b>381616</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: MIDSTATE TEL CO

Signature of Authorized Officer or employee: **Ryan Wilhelmi**  
Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate tel co,l=Stanley ND 58784-0400, Date:5/22/2015

Date: 5/22/2015

Printed name of Authorized Officer or employee: Ryan Wilhelmi

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 701-628-2522

Study Area Code of Reporting Carrier

381617

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GRIGGS CTY (M&L)**

Signature of Authorized Officer or employee: **Tyler Kilde**

Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tylerk@mlgc.biz,O=griggs ctly (m&l),l=Enderlin ND 58027-0066, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Tyler Kilde**

Title or position of Authorized Officer or employee: **VP/GM**

Telephone number of Authorized Officer or employee: **701-437-3417**

Study Area Code of Reporting Carrier

**381622**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 COMM COOP**

Signature of Authorized Officer or employee: **Mike Steffan**

Digitally signed by Mike Steffan DN:cn=Mike Steffan,email=mikes@nccray.com,O=northwest comm coop,l=Ray ND 58849-0038, Date:5/16/2015

Date: **5/16/2015**

Printed name of Authorized Officer or employee: **Mike Steffan**

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

Telephone number of Authorized Officer or employee: **701-568-3331**

Study Area Code of Reporting Carrier

**381625**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: Polar Communications Mutual Aid Corp			
Signature of authorized officer: 	Date:	5/21/2015	
Printed name of authorized officer: David L. Dunning			
Title or position of authorized officer: GM/CEO			
Telephone number of authorized officer: (701) 284-7221 ext.			
Study Area Code of Reporting Carrier	381630	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **RED RIVER COMM.**

Signature of Authorized Officer or employee: **Jeffrey Olson**  
Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jeffolson@rrt.net,O=red river comm.,l=Abercrombie ND 58001, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Jeffrey Olson**

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

Telephone number of Authorized Officer or employee: **701-553-8309**

Study Area Code of Reporting Carrier

**381631**

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

**6/16/2015**

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

TO BE COMPLETED BY 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: RESERVATION TELEPHONE COOPERATIVE			
Signature of authorized officer: <i>Royce S. Aslakson</i>		Date: 5-18-15	
Printed name of authorized officer: ROYCE S. ASLAKSON			
Title or position of authorized officer: CEO/GM			
Telephone number of authorized officer: (701) 862-3115			
Study Area Code of Reporting Carrier	381632	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**

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Name of Reporting Carrier: **UNITED TEL MUTUAL**

Signature of Authorized Officer or employee: **Perry Oster**

Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united tel mutual,l=Langdon ND 58249-0729, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Perry Oster**

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

Telephone number of Authorized Officer or employee: **701-256-5156**

Study Area Code of Reporting Carrier

**381636**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **W. RIVER TELECOM.**

Signature of Authorized Officer or employee: **Bonnie Krause**

Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=w. river telecom.,l=Hazen ND 58545-0467, Date:5/25/2015

Date: **5/25/2015**

Printed name of Authorized Officer or employee: **Bonnie Krause**

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

Telephone number of Authorized Officer or employee: **701-748-4221**

Study Area Code of Reporting Carrier

**381637**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: MIDSTATE COMM.

Signature of Authorized Officer or employee: **Ryan Wilhelmi**  
Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi, email=ryanw@midstate.net, O=midstate comm., I=Stanley ND 58784-0400, Date:5/22/2015

Date: 5/22/2015

Printed name of Authorized Officer or employee: Ryan Wilhelmi

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 701-628-2522

Study Area Code of Reporting Carrier

381638

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: NEMONT TEL COOP - ND

Signature of Authorized Officer or employee: Remi Sun

Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop - nd,l=Scobey MT 59263-0600, Date:5/26/2015

Date: 5/26/2015

Printed name of Authorized Officer or employee: Remi Sun

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-783-2358

Study Area Code of Reporting Carrier

382247

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: SRT Communications, Inc.				
Signature of authorized officer: 			Date	06/04/2015
Printed name of authorized officer: John Reiser				
Title or position of authorized officer: COO/Asst General Manager				
Telephone number of authorized officer: (701) 858-5262, ext.				
Study Area Code of Reporting Carrier	383303	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 SD**

Signature of Authorized Officer or employee: **Kari Flanagan**  
Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills sd,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

**391405**

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

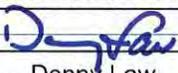
**6/16/2015**

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

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

Name of Reporting Carrier					Golden West Telecommunications - Armour					
Signature of authorized officer						Date		5/18/15		
Printed name of authorized officer					Denny Law					
Title or position of authorized officer					General Manager/CEO					
Telephone number of authorized officer:					(605) 279-2161 ext.					
Study Area Code of Reporting Carrier			391640		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.										

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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-BALTIC**

Signature of Authorized Officer or employee: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,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

**391642**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Cheyenne River Sioux Tribe Telephone Authority			
Signature of authorized officer		<i>Ivan Bruguier</i>		Date		5-20-15	
Printed name of authorized officer				Ivan Bruguier			
Title or position of authorized officer				Board Chairman			
Telephone number of authorized officer:				(605) 964-2600			
Study Area Code of Reporting Carrier		391647		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: **BERESFORD MUNICIPAL**

Signature of Authorized Officer or employee: **Todd Hansen**

Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Todd Hansen**

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

Telephone number of Authorized Officer or employee: **605-763-2500**

Study Area Code of Reporting Carrier

**391649**

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

**6/16/2015**

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

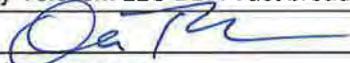
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: Clarity Telecom LLC DBA Vast broadband

Signature of authorized officer



Date

5/26/2015

Printed name of authorized officer

Dan Robinson

Title or position of authorized officer

Controller

Telephone number of authorized officer:

(573) 481-2763

Study Area Code of Reporting Carrier

391652

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CITY OF FAITH MUNIC**

Signature of Authorized Officer or employee: **Debbie Brown**

Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith munic,l=Faith SD 57626-0368, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Debbie Brown**

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

Telephone number of Authorized Officer or employee: **605-967-2261**

Study Area Code of Reporting Carrier

**391653**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 Telecommunications Cooperative, Inc. (ITC)				
Signature of authorized officer				Date		5-20-15			
Printed name of authorized officer					Jerry Heiberger				
Title or position of authorized officer					CEO				
Telephone number of authorized officer:					(605) 874-2181				
Study Area Code of Reporting Carrier		391654		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: **ALLIANCE-SPLITROCK**

Signature of Authorized Officer or employee: **Kari Flanagan**  
Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-splitrock,lc=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

**391657**

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

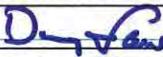
**6/16/2015**

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

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

Name of Reporting Carrier				Golden West Telecommunications Cooperative, Inc.	
Signature of authorized officer				Date	5/18/15
Printed name of authorized officer		Denny Law			
Title or position of authorized officer		General Manager/CEO			
Telephone number of authorized officer:		(805) 279-2161, ext.			
Study Area Code of Reporting Carrier	391659	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: FT RANDALL-MT RUSHMR

Signature of Authorized Officer or employee: Bruce Hanson

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=ft randall-mt rushmr, 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

391660

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: James Valley Cooperative Telephone Company				
Signature of authorized officer: <i>James Groft</i>			Date	5/18/15
Printed name of authorized officer: James Groft				
Title or position of authorized officer: CEO				
Telephone number of authorized officer: (605) 397-2323 ext.				
Study Area Code of Reporting Carrier	391664	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **JEFFERSON TEL CO -SD**

Signature of Authorized Officer or employee: **Tom Connors**

Digitally signed by Tom Connors DN:cn=Tom Connors,email=tomc@longlines.biz,O=jefferson tel co -sd,l=Jefferson SD 57038-0128, Date:5/21/2015

Date: **5/21/2015**

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

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

Telephone number of Authorized Officer or employee: **605-966-5631**

Study Area Code of Reporting Carrier

**391666**

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

**6/16/2015**

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

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

Name of Reporting Carrier					Golden West Telecommunications - Kadoka				
Signature of authorized officer				<i>Denny Law</i>		Date		5/18/15	
Printed name of authorized officer					Denny Law				
Title or position of authorized officer					General Manager/CEO				
Telephone number of authorized officer:					(605) 279-2161 ext.				
Study Area Code of Reporting Carrier			391667		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: **KENNEBEC TEL CO**

Signature of Authorized Officer or employee: **Rod Bowar**

Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=knbctel@kennebectelephone.com,O=kennebec tel co,l=Kennebec SD 57544, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Rod Bowar**

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

Telephone number of Authorized Officer or employee: **605-869-2220**

Study Area Code of Reporting Carrier

**391668**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TRIOTEL COMM-MCCOOK**

Signature of Authorized Officer or employee: **Bryan Roth**  
Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm-mccook,l=Salem SD 57058-0630, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Bryan Roth**

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

Telephone number of Authorized Officer or employee: **605-425-2238**

Study Area Code of Reporting Carrier

**391669**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Midstate Communications, Inc.	
Signature of authorized officer			Date		5/21/2015
Printed name of authorized officer				Mark D. Benton	
Title or position of authorized officer				General Manager/CEO	
Telephone number of authorized officer:				(605) 778-6221 ext.	
Study Area Code of Reporting Carrier		391670	Filing Due Date for this form (mm/dd/yyyy)	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 RIVER(MOBRIDGE)

Signature of Authorized Officer or employee: **Bonnie Krause**  
Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=west river(mobridge),l=Hazen ND 58545-0467, Date:5/25/2015

Date: 5/25/2015

Printed name of Authorized Officer or employee: Bonnie Krause

Title or position of Authorized Officer or employee: CEO/GM

Telephone number of Authorized Officer or employee: 701-748-4221

Study Area Code of Reporting Carrier	391671		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **RC TECHNOLOGIES**

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

Digitally signed by Scott Bostrom DN:cn=Scott Bostrom,email=sbostrom@tnics.com,O=rc technologies,l=New Effington SD 57255-0197, Date:5/20/2015

Date: **5/20/2015**

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

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

Telephone number of Authorized Officer or employee: **605-637-5211**

Study Area Code of Reporting Carrier

**391674**

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

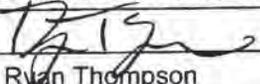
**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

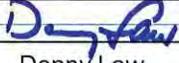
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Santel Communications Cooperative, Inc.			
Signature of authorized officer					Date		05/22/2015
Printed name of authorized officer			Ryan Thompson				
Title or position of authorized officer			CEO				
Telephone number of authorized officer			(605) 796-4411 ext.				
Study Area Code of Reporting Carrier		391676	Filing Due Date for this form (mm/dd/yyyy)		6/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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**

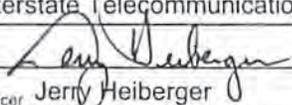
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Golden West Telecommunications - Sioux Valley	
Signature of authorized officer				Date	5/18/15
Printed name of authorized officer		Denny Law			
Title or position of authorized officer		General Manager/CEO			
Telephone number of authorized officer:		(605) 279-2161 ext.			
Study Area Code of Reporting Carrier	391677	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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**

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Name of Reporting Carrier				Interstate Telecommunications Cooperative, Inc. (ITC)	
Signature of authorized officer				Date	5-20-15
Printed name of authorized officer		Jerry Heiberger			
Title or position of authorized officer		CEO			
Telephone number of authorized officer:		(605) 874-2181			
Study Area Code of Reporting Carrier	391679	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: **VENTURE COMM. COOP**

Signature of Authorized Officer or employee: **Randy Houdek**  
Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture comm. coop,l=Highmore SD 57345-0157, Date:5/26/2015

Date: **5/26/2015**

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

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

Telephone number of Authorized Officer or employee: **605-852-1111**

Study Area Code of Reporting Carrier

**391680**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TRIOTEL COMM(TRI-C)**

Signature of Authorized Officer or employee: **Bryan Roth**

Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm(tri-c),l=Salem SD 57058-0630, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Bryan Roth**

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

Telephone number of Authorized Officer or employee: **605-425-2238**

Study Area Code of Reporting Carrier

**391682**

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

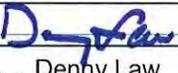
**6/16/2015**

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

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

Name of Reporting Carrier				Golden West Telecommunications - Union	
Signature of authorized officer				Date	5/18/15
Printed name of authorized officer		Denhy Law			
Title or position of authorized officer		General Manager/CEO			
Telephone number of authorized officer:		(605) 279-2161 ext.			
Study Area Code of Reporting Carrier	391684	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **VALLEY TELECOMM.**

Signature of Authorized Officer or employee: **Darin LaCoursiere**  
Digitally signed by Darin LaCoursiere DN:cn=Darin LaCoursiere,email=darin@valleytel.net,O=valley telecomm.,l=Herreid SD 57632-0007, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Darin LaCoursiere**

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

Telephone number of Authorized Officer or employee: **605-437-2615**

Study Area Code of Reporting Carrier	<b>391685</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

Name of Reporting Carrier: Golden West Telecommunications - Vivian			
Signature of authorized officer: 		Date:	5/18/15
Printed name of authorized officer: Denny Law			
Title or position of authorized officer: General Manager/CEO			
Telephone number of authorized officer: (605) 279-2161 ext.			
Study Area Code of Reporting Carrier	391686	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: **VENTURE COMM. COOP**

Signature of Authorized Officer or employee: **Randy Houdek**  
Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture comm. coop,l=Highmore SD 57345-0157, Date:5/26/2015

Date: **5/26/2015**

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

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

Telephone number of Authorized Officer or employee: **605-852-1111**

Study Area Code of Reporting Carrier

**391688**

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

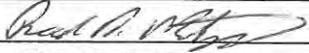
**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 River Cooperative Telephone Company	
Signature of authorized officer				Date	May 20, 2015
Printed name of authorized officer		Reed D. Metzger			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(605) 244-5213 ext. 103			
Study Area Code of Reporting Carrier	391689	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: **ARKANSAS TEL CO**

Signature of Authorized Officer or employee: **Randy McCaslin**  
Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas tel co,l=Clinton AR 72031, Date:5/19/2015

Date: **5/19/2015**

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

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

Telephone number of Authorized Officer or employee: **501-745-2114**

Study Area Code of Reporting Carrier	<b>401692</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 ARKANSAS TEL**

Signature of Authorized Officer or employee: **Shirley Kinnaid**  
Digitally signed by Shirley Kinnaid DN:cn=Shirley Kinnaid,email=shirley@catc.net,O=central arkansas tel,l=Bismarck AR 71929-0130, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Shirley Kinnaid**

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

Telephone number of Authorized Officer or employee: **501-865-3212**

Study Area Code of Reporting Carrier

**401697**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 ARKANSAS TEL**

Signature of Authorized Officer or employee: **Greg Ashcraft**  
Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel,l=Sheridan AR 72150, Date:5/15/2015

Date: **5/15/2015**

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

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

Telephone number of Authorized Officer or employee: **870-942-4344**

Study Area Code of Reporting Carrier

**401702**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LAVACA TEL CO-AR**

Signature of Authorized Officer or employee: **Keith Gibson**

Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ar,l=Lavaca AR 72941-0230, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Keith Gibson**

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

Telephone number of Authorized Officer or employee: **479-674-2211**

Study Area Code of Reporting Carrier

**401704**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 COUNTY TEL**

Signature of Authorized Officer or employee: **Tom Shrum**

Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel,l=Huntsville AR 72740, Date:5/27/2015

Date: **5/27/2015**

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

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

Telephone number of Authorized Officer or employee: **479-738-2121**

Study Area Code of Reporting Carrier

**401709**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Kathy Stone**  
Digitally signed by Kathy Stone DN:cn=Kathy Stone,email=magtel@magtel.com,O=magazine tel co,l=Magazine AR 72943, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Kathy Stone**

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

Telephone number of Authorized Officer or employee: **479-969-2211**

Study Area Code of Reporting Carrier

**401710**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 VIEW TEL CO

Signature of Authorized Officer or employee: **Anne Schuhknecht**  
Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=mountain view tel co,l=Mountain Home AR 72654-1970, Date:5/27/2015

Date: 5/27/2015

Printed name of Authorized Officer or employee: Anne Schuhknecht

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

Telephone number of Authorized Officer or employee: 870-425-3100

Study Area Code of Reporting Carrier

401712

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 ARKANSAS TEL**

Signature of Authorized Officer or employee: **Steven Sanders, Jr.**  
Digitally signed by Steven Sanders, Jr. DN:cn=Steven Sanders, Jr.,email=steven@natconet.com,O=north arkansas tel,l=Flippin AR 72634-0209, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Steven Sanders, Jr.**

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

Telephone number of Authorized Officer or employee: **870-453-9273**

Study Area Code of Reporting Carrier

**401713**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 GROVE TEL CO

Signature of Authorized Officer or employee: Rick Reed

Digitally signed by Rick Reed DN:cn=Rick Reed,email=treed@pgtc.com,O=prairie grove tel co,l=Prairie Grove AR 72753-1010, Date:5/26/2015

Date: 5/26/2015

Printed name of Authorized Officer or employee: Rick Reed

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 479-846-7200

Study Area Code of Reporting Carrier

401718

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Rice Belt Telephone Company Inc.	
Signature of authorized officer		<i>Darby A. McCarty</i>		Date	05/26/2015
Printed name of authorized officer		Darby A. McCarty			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(812) 876-2211 ext.			
Study Area Code of Reporting Carrier	401721	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **E RITTER TEL CO**

Signature of Authorized Officer or employee: **John Strode**  
Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=e ritter tel co,l=Jonesboro AR 72403, Date:5/19/2015

Date: **5/19/2015**

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

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

Telephone number of Authorized Officer or employee: **870-336-2345**

Study Area Code of Reporting Carrier

**401722**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **SW ARKANSAS TEL COOP**

Signature of Authorized Officer or employee: **Tina Moore**

Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=sw arkansas tel coop,l= , Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Tina Moore**

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

Telephone number of Authorized Officer or employee: **870-653-8222**

Study Area Code of Reporting Carrier

**401724**

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

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **TRI-COUNTY TEL CO-AR**

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

Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=tri-county tel co-ar,l=Jonesboro AR 72403, Date:5/19/2015

Date: **5/19/2015**

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

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

Telephone number of Authorized Officer or employee: **870-336-2345**

Study Area Code of Reporting Carrier

**401726**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 HILL TEL CO**

Signature of Authorized Officer or employee: **Deborah Nobles**  
Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=walnut hill tel co,I=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

**401729**

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

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **YELCOT TEL CO INC**

Signature of Authorized Officer or employee: **Anne Schuhknecht**  
Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=yelcot tel co inc,l=Mountain Home AR 72654-1970, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Anne Schuhknecht**

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

Telephone number of Authorized Officer or employee: **870-425-3100**

Study Area Code of Reporting Carrier

**401733**

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

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ARKWEST COMM., INC.**

Signature of Authorized Officer or employee: **P. Sanders**

Digitally signed by P. Sanders DN:cn=P. Sanders,email=ptjr@arkwest.com,O=arkwest comm., inc.,l=Danville AR 72833, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **P. Sanders**

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

Telephone number of Authorized Officer or employee: **479-495-4242**

Study Area Code of Reporting Carrier

**401734**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 TEL CO**

Signature of Authorized Officer or employee: **Karen Gilliam**

Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county tel co,l=Avilla MO 64833, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Karen Gilliam**

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

Telephone number of Authorized Officer or employee: **479-923-4200**

Study Area Code of Reporting Carrier

**403031**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BLUE VALLEY TELE-COM**

Signature of Authorized Officer or employee: **Candace Wright**  
Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-com,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Candace Wright**

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

Telephone number of Authorized Officer or employee: **785-799-3657**

Study Area Code of Reporting Carrier

**411746**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **COUNCIL GROVE TEL CO**

Signature of Authorized Officer or employee: **Dale Jones**  
Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel co,l=Council Grove KS 66846-0299, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Dale Jones**

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

Telephone number of Authorized Officer or employee: **620-767-5153**

Study Area Code of Reporting Carrier

**411758**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Brent Cunningham**  
Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham tel co,l=Glen Elder KS 67446-0108, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Brent Cunningham**

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

Telephone number of Authorized Officer or employee: **785-545-3215**

Study Area Code of Reporting Carrier

**411761**

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

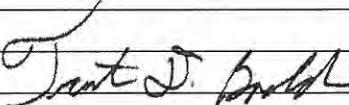
**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Elkhart Telephone Co., Inc.	
Signature of authorized officer					Date
Printed name of authorized officer			Trenton D. Boaldin		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(620) 697-2111 ext.		
Study Area Code of Reporting Carrier	411764	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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**

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Name of Reporting Carrier: **GOLDEN BELT TEL ASSN**

Signature of Authorized Officer or employee: **Beau Rebel**

Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbta.net,O=golden belt tel assn,I=Rush Center KS 67575, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Beau Rebel**

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

Telephone number of Authorized Officer or employee: **785-372-4236**

Study Area Code of Reporting Carrier

**411777**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Tonya Murphy**  
Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham tel co,l=Gorham KS 67640-0235, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Tonya Murphy**

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

Telephone number of Authorized Officer or employee: **785-637-5300**

Study Area Code of Reporting Carrier

**411778**

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

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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

Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland tel co,l=Haviland KS 67059, Date:5/18/2015

Date: **5/18/2015**

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

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

Telephone number of Authorized Officer or employee: **620-862-5211**

Study Area Code of Reporting Carrier

**411780**

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

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **H & B COMMUNICATIONS**

Signature of Authorized Officer or employee: **Robert Koch**  
Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h & b communications,l=Holyrood KS 67450, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Robert Koch**

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

Telephone number of Authorized Officer or employee: **785-252-4000**

Study Area Code of Reporting Carrier	<b>411781</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: HOME TEL CO

Signature of Authorized Officer or employee: **Tina Anderson**  
Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hci-ks.com,O=home tel co,l=Galva KS 67443, Date:5/26/2015

Date: 5/26/2015

Printed name of Authorized Officer or employee: Tina Anderson

Title or position of Authorized Officer or employee: Customer Acct & Billing Mgr/Secretary

Telephone number of Authorized Officer or employee: 620-654-3381

Study Area Code of Reporting Carrier

411782

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

6/16/2015

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **J. B. N. TEL CO INC**

Signature of Authorized Officer or employee: **Roger DelFiacco**  
Digitally signed by Roger DelFiacco DN:cn=Roger DelFiacco,email=roger@jbntelco.com,O=j. b. n. tel co inc,l=Holton KS 66436, Date:5/19/2015

Date: **5/19/2015**

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

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

Telephone number of Authorized Officer or employee: **785-866-3402**

Study Area Code of Reporting Carrier

**411785**

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

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **KANOKLA TEL ASSN-KS**

Signature of Authorized Officer or employee: **Greg Aldridge**  
Digitally signed by Greg Aldridge DN:cn=Greg Aldridge,email=greg@kanokla.com,O=kanokla tel assn-ks,l=Caldwell KS 67022-0111, Date:5/19/2015

Date: **5/19/2015**

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

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

Telephone number of Authorized Officer or employee: **620-845-5682**

Study Area Code of Reporting Carrier

**411788**

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

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **MADISON TEL., LLC**

Signature of Authorized Officer or employee: **Shana Rains**  
Digitally signed by Shana Rains DN:cn=Shana Rains,email=srains@madtel.net,O=madison tel.,llc,l=Madison KS 66860, Date:5/15/2015

Date: **5/15/2015**

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

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

Telephone number of Authorized Officer or employee: **620-437-2356**

Study Area Code of Reporting Carrier

**411801**

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

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **MOKAN DIAL INC-KS**

Signature of Authorized Officer or employee: <b>Deborah Nobles</b>	Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=mokan dial inc-ks,l=Macclenny FL 32063-0485, Date:5/22/2015	Date: <b>5/22/2015</b>
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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	<b>411807</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Delonna Barnett**  
Digitally signed by Delonna Barnett DN:cn=Delonna Barnett,email=speedo@mtelco.net,O=moundridge tel co,l=Moundridge KS 67107, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Delonna Barnett**

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

Telephone number of Authorized Officer or employee: **620-345-2831**

Study Area Code of Reporting Carrier	<b>411808</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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: **John Tietjens**

Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mutual tel co,l=Little River KS 67457, Date:5/26/2015

Date: **5/26/2015**

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

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

Telephone number of Authorized Officer or employee: **620-897-6200**

Study Area Code of Reporting Carrier

**411809**

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

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **PEOPLES TELECOM LLC**

Signature of Authorized Officer or employee: **Kathy Billinger**  
Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peoplestelecom.net,O=peoples telecom llc,l=LaCygne KS 66040, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Kathy Billinger**

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

Telephone number of Authorized Officer or employee: **913-757-2500**

Study Area Code of Reporting Carrier

**411814**

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

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **CRAW-KAN TEL COOP**

Signature of Authorized Officer or employee: **Craig Wilbert**

Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan tel coop,l=Girard KS 66743-0100, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Craig Wilbert**

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

Telephone number of Authorized Officer or employee: **620-724-8235**

Study Area Code of Reporting Carrier

**411818**

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

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: Rainbow Telecommunications Association, Inc.			
Signature of authorized officer: <i>James Lednicky</i>	Date:	May 21, 2015	
Printed name of authorized officer: James Lednicky			
Title or position of authorized officer: General Manager			
Telephone number of authorized officer: (785) 548-7511 ext.			
Study Area Code of Reporting Carrier:	411820	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **RURAL TEL-NEX-TECH**

Signature of Authorized Officer or employee: **Rhonda Goddard**  
Digitally signed by Rhonda Goddard DN:cn=Rhonda Goddard,email=rgoddard@nex-tech.com,O=rural tel-nex-tech,l=Lenora KS 67645-0158, Date:5/25/2015

Date: **5/25/2015**

Printed name of Authorized Officer or employee: **Rhonda Goddard**

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

Telephone number of Authorized Officer or employee: **785-567-4281**

Study Area Code of Reporting Carrier

**411826**

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

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **S & T TEL COOP ASSN**

Signature of Authorized Officer or employee: **Carolyn Somers**  
Digitally signed by Carolyn Somers DN:cn=Carolyn Somers,email=crsomers@st-tel.net,O=s & t tel coop assn,l=Brewster KS 67732, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Carolyn Somers**

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

Telephone number of Authorized Officer or employee: **785-694-2256**

Study Area Code of Reporting Carrier

**411827**

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

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **S & A TEL CO INC**

Signature of Authorized Officer or employee: **Janet Bathurst**  
Digitally signed by Janet Bathurst DN:cn=Janet Bathurst,email=jbathurst@satelephone.com,O=s & a tel co inc,l=Allen KS 66833-0068, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Janet Bathurst**

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

Telephone number of Authorized Officer or employee: **620-528-3223**

Study Area Code of Reporting Carrier

**411829**

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

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **S. CENTRAL TEL - KS**

Signature of Authorized Officer or employee: **Christina Hickert**  
Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=chickert@sctelcom.com,O=s. central tel - ks,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Christina Hickert**

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

Telephone number of Authorized Officer or employee: **620-930-1082**

Study Area Code of Reporting Carrier	<b>411831</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: SOUTHERN KANSAS TEL

Signature of Authorized Officer or employee: William McVey

Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel,l=Clearwater KS 67026-0800, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer or employee: William McVey

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

Telephone number of Authorized Officer or employee: 620-584-8337

Study Area Code of Reporting Carrier

411833

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

6/16/2015

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 ASSN**

Signature of Authorized Officer or employee: **Dale Jones**  
Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=tri-county tel assn,l=Council Grove KS 66846-0299, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Dale Jones**

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

Telephone number of Authorized Officer or employee: **620-767-5153**

Study Area Code of Reporting Carrier

**411839**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 Valley Telephone									
Signature of authorized officer				Date		5/27/15								
Printed name of authorized officer										Scott Leitzel				
Title or position of authorized officer										Vice President - Operations				
Telephone number of authorized officer:										75427504 ext.				
Study Area Code of Reporting Carrier			411840		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				UNTIED TELEPHONE ASSOCIATION, INC.	
Signature of authorized officer		<i>Craig Mock</i>		Date	5/27/15
Printed name of authorized officer		CRAIG MOCK			
Title or position of authorized officer		GENERAL MANAGER			
Telephone number of authorized officer:		(620) 227-8641			
Study Area Code of Reporting Carrier	411841	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WAMEGO TEL CO INC**

Signature of Authorized Officer or employee: **Jeff Wick**  
Digitally signed by Jeff Wick DN:cn=Jeff Wick,email=jwick@wtcks.com,O=wamego tel co inc, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Jeff Wick**

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

Telephone number of Authorized Officer or employee: **785-456-1011**

Study Area Code of Reporting Carrier

**411845**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier		Wheat State Telephone, Inc.	
Signature of authorized officer	<i>Archie Macias</i>	Date	5/27/2015
Printed name of authorized officer		Archie Macias	
Title or position of authorized officer		General Manager	
Telephone number of authorized officer: (620)782- 3341 , ext.			
Study Area Code of Reporting Carrier	411847	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WILSON TEL CO INC**

Signature of Authorized Officer or employee: **Brian Boisvert**  
Digitally signed by Brian Boisvert DN:cn=Brian Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,l=Wilson KS 67490-0190, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Brian Boisvert**

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

Telephone number of Authorized Officer or employee: **785-658-2111**

Study Area Code of Reporting Carrier

**411849**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Zenda Telephone Company, Inc	
Signature of authorized officer		<i>John K. Hedevia</i>		Date	5/18/2015
Printed name of authorized officer		John K. Hedevia			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer		304 933 842 ext.			
Study Area Code of Reporting Carrier	411852	Filing Due Date for this form (mm/dd/yyyy)	5/15/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TOTAH COMMUNICATIONS**

Signature of Authorized Officer or employee: **Keith Watson**

Digitally signed by Keith Watson DN:cn=Keith Watson,email=kewatson@totalcsi.com,O=totah communications,l=Ochelata OK 74051-0300, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Keith Watson**

Title or position of Authorized Officer or employee: **Executive VP / Controller**

Telephone number of Authorized Officer or employee: **918-535-2208**

Study Area Code of Reporting Carrier

**412030**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BPS Tel. Co.**

Signature of Authorized Officer or employee: **Lisa Winberry**  
Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps tel. co.,l=Bernie MO 63822-0550, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Lisa Winberry**

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

Telephone number of Authorized Officer or employee: **573-293-2277**

Study Area Code of Reporting Carrier

**420463**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 - MO**

Signature of Authorized Officer or employee: **Jack Jones**

Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iAMO tel co - mo,l=Coin IA 51636, Date:5/20/2015

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

**421206**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CRAW-KAN TEL COOP-MO**

Signature of Authorized Officer or employee: **Craig Wilbert**

Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan tel coop-mo,l=Girard KS 66743-0100, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Craig Wilbert**

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

Telephone number of Authorized Officer or employee: **620-724-8235**

Study Area Code of Reporting Carrier

**421759**

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

**6/16/2015**

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

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

Carrier Name (Print):

Carrier Address (Print):

*John N. Niles*

Office:

Carrier Telephone (Print):

Carrier Fax (Print):

Carrier Website (Print):

Carrier Email (Print):

Rate of Return  
 § 51.917(d)

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 COMM. CO.**

Signature of Authorized Officer or employee: **Adolf Heins**  
Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma comm. co.,l=Alma MO 64001, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Adolf Heins**

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

Telephone number of Authorized Officer or employee: **660-674-2297**

Study Area Code of Reporting Carrier

**421860**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: CHARITON VALLEY TEL

Signature of Authorized Officer or employee: James Simon

Digitally signed by James Simon DN:cn=James Simon, email=jsimon@charitonvalley.com, O=chariton valley tel, l=Macon MO 63552-0067, Date:5/19/2015

Date: 5/19/2015

Printed name of Authorized Officer or employee: James Simon

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 660-395-9634

Study Area Code of Reporting Carrier

421864

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 CO - MO**

Signature of Authorized Officer or employee: **Brian Cornelius**  
Digitally signed by Brian Cornelius DN:cn=Brian Cornelius,email=blc@ctcis.net,O=citizens tel co - mo,l=Higginsville MO 64037-0737, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Brian Cornelius**

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

Telephone number of Authorized Officer or employee: **660-584-6520**

Study Area Code of Reporting Carrier

**421865**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Dee McCormack**  
Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmccormack@mcmo.net,O=ellington tel co,l=Ellington MO 63638, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Dee McCormack**

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

Telephone number of Authorized Officer or employee: **573-663-2000**

Study Area Code of Reporting Carrier	<b>421874</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Charles Crow**

Digitally signed by Charles Crow DN:cn=Charles Crow,email=ccrow@ftco.net,O=farber tel co,l= , Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Charles Crow**

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

Telephone number of Authorized Officer or employee: **573-249-9800**

Study Area Code of Reporting Carrier

**421876**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **John Bell**  
Digitally signed by John Bell DN:cn=John Bell,email=john.bell@fidelitycommunications.com,O=fidelity tel co, Date:5/27/2015

Date: **5/27/2015**

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

Title or position of Authorized Officer or employee: **CFO/VP - Finance**

Telephone number of Authorized Officer or employee: **573-468-1268**

Study Area Code of Reporting Carrier

**421882**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Fidelity Telephone Co.	
Signature of authorized officer		<i>Jason L. Ross</i>		Date	9/10/2015
Printed name of authorized officer		Jason L. Ross			
Title or position of authorized officer		General Counsel and V.P. - Legal			
Telephone number of authorized officer:		(573) 468-1250			
Study Area Code of Reporting Carrier	421882	Filing Due Date for this form (mm/dd/yyyy)	Sept 2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

Name of Reporting Carrier				GOODMAN TELEPHONE COMPANY	
Signature of authorized officer			Date		MAY 22 2015
Printed name of authorized officer			W. JAY MITCHELL		
Title or position of authorized officer			VICE-PRESIDENT		
Telephone number of authorized officer: ( ) - , ext.					
Study Area Code of Reporting Carrier		421886	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 CO - MO**

Signature of Authorized Officer or employee: **Cheri Johnson**

Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - mo,l=Granby MO 64844, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Cheri Johnson**

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

Telephone number of Authorized Officer or employee: **417-472-5513**

Study Area Code of Reporting Carrier

**421887**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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	421888	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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			Date		9-8-15		
Printed name of authorized officer			MARK YUNGBERG				
Title or position of authorized officer			VICE PRESIDENT				
Telephone number of authorized officer:			660-748-3231, ext.				
Study Area Code of Reporting Carrier		421888		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: **GREEN HILLS TEL CORP**

Signature of Authorized Officer or employee: **Steve Gann**  
Digitally signed by Steve Gann DN:cn=Steve Gann,email=sgann@ghc.com,O=green hills tel corp,l=Breckenridge MO 64625, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Steve Gann**

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

Telephone number of Authorized Officer or employee: **660-644-5411**

Study Area Code of Reporting Carrier

**421890**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CHOCTAW TELEPHONE CO**

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

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

**421893**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=klm tel co,lc=US, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Joe Jetensky**

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

Telephone number of Authorized Officer or employee: **402-426-6245**

Study Area Code of Reporting Carrier

**421900**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **KINGDOM TELEPHONE CO**

Signature of Authorized Officer or employee: <b>Marla McCowan</b>	Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mkmccowan@ktis.net,O=kingdom telephone co,l=Auxvasse MO 65231, Date:5/20/2015	Date: <b>5/20/2015</b>
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Printed name of Authorized Officer or employee: **Marla McCowan**

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

Telephone number of Authorized Officer or employee: **573-386-2241**

Study Area Code of Reporting Carrier	<b>421901</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LE-RU TELEPHONE CO**

Signature of Authorized Officer or employee: **Robert Hart**

Digitally signed by Robert Hart DN:cn=Robert Hart,email=hartb@leru.net,O=le-ru telephone co,l=Stella MO 64867-0147, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Robert Hart**

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

Telephone number of Authorized Officer or employee: **417-628-3844**

Study Area Code of Reporting Carrier

**421908**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MCDONALD COUNTY TEL**

Signature of Authorized Officer or employee: **Ross Babbitt**

Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county tel,l=Pineville MO 64856-0207, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Ross Babbitt**

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

Telephone number of Authorized Officer or employee: **417-223-4313**

Study Area Code of Reporting Carrier

**421912**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MARK TWAIN RURAL TEL**

Signature of Authorized Officer or employee: **Jim Lyon**

Digitally signed by Jim Lyon DN:cn=Jim Lyon,email=jlyon@marktwain.coop,O=mark twain rural tel,l=Hurdland MO 63547-0068, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Jim Lyon**

Title or position of Authorized Officer or employee: **Executive VP / General Mgr**

Telephone number of Authorized Officer or employee: **660-423-5211**

Study Area Code of Reporting Carrier

**421914**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **OTELCO MID-MISSOURI**

Signature of Authorized Officer or employee: **Dennis Andrews**  
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=otelco mid-missouri, 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

**421917**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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>Miller Telephone Company</i>	
Signature of authorized officer		<i>John R. Ludewig</i>		Date	<i>5/26/15</i>
Printed name of authorized officer		<i>John R. Ludewig</i>			
Title or position of authorized officer		<i>Vice President</i>			
Telephone number of authorized officer:		<i>206 983 5617 ext.</i>			
Study Area Code of Reporting Carrier	<i>421 920</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: **NEW FLORENCE TEL CO**

Signature of Authorized Officer or employee: **Garrin Bott**

Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=new florence tel co,l=Rockland ID 83271, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Garrin Bott**

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

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

**421927**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 LONDON TEL CO**

Signature of Authorized Officer or employee: **Garrin Bott**

Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=new london tel co,l=Rockland ID 83271, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Garrin Bott**

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

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

**421928**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=holway tel co,l= , Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Joe Jetensky**

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

Telephone number of Authorized Officer or employee: **402-426-6245**

Study Area Code of Reporting Carrier

**421929**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NE MISSOURI RURAL**

Signature of Authorized Officer or employee: **James Sherburne**  
Digitally signed by James Sherburne DN:cn=James Sherburne,email=jims@nemr.net,O=ne missouri rural,l=Green City MO 63545-0098, Date:5/15/2015

Date: **5/15/2015**

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

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

Telephone number of Authorized Officer or employee: **660-874-4111**

Study Area Code of Reporting Carrier

**421931**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Lathrop Telephone Company	
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	421932	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				LATHROP TELEPHONE COMPANY	
Signature of authorized officer		Mark Yungeberg		Date	9-8-15
Printed name of authorized officer				MARK YUNGBERG	
Title or position of authorized officer				VICE PRESIDENT	
Telephone number of authorized officer:				660-748-3231, ext.	
Study Area Code of Reporting Carrier		421932	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: **ORCHARD FARM TEL CO**

Signature of Authorized Officer or employee: **Garrin Bott**

Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=orchard farm tel co,l=Rockland ID 83271, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Garrin Bott**

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

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

**421934**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **OREGON FARMERS MUT**

Signature of Authorized Officer or employee: **Wendy Ottman**

Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=ottman@ofmlive.net,O=oregon farmers mut,l=Oregon MO 64473, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Wendy Ottman**

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

Telephone number of Authorized Officer or employee: **660-446-3391**

Study Area Code of Reporting Carrier

**421935**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: PEACE VALLEY TEL CO

Signature of Authorized Officer or employee: **Kelly Bosserman**  
Digitally signed by Kelly Bosserman DN:cn=Kelly Bosserman,email=kbosserman@hotmail.com,O=peace valley tel co,l=Peace Valley MO 65788-0009, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer or employee: Kelly Bosserman

Title or position of Authorized Officer or employee: V.P. Regulatory Affairs

Telephone number of Authorized Officer or employee: 417-277-5550

Study Area Code of Reporting Carrier

421936

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

6/16/2015

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ROCK PORT TEL CO**

Signature of Authorized Officer or employee: **Rick Bradley**  
Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel co,I=Rock Port MO 64482-0147, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Rick Bradley**

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

Telephone number of Authorized Officer or employee: **660-744-5311**

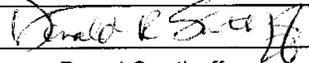
Study Area Code of Reporting Carrier	<b>421942</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					Steelville Telephone Company						
Signature of authorized officer								Date		05/21/2015	
Printed name of authorized officer				Donal Santhuff							
Title or position of authorized officer				General Manager							
Telephone number of authorized officer: (573) 775-2111											
Study Area Code of Reporting Carrier			421949			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: **STOUTLAND TEL CO**

Signature of Authorized Officer or employee: **Garrin Bott**

Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=stoutland tel co,l=Rockland ID 83271, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Garrin Bott**

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

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

**421951**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LAVACA TEL CO-OK**

Signature of Authorized Officer or employee: **Keith Gibson**

Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ok,l=Lavaca AR 72941-0230, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Keith Gibson**

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

Telephone number of Authorized Officer or employee: **479-674-2211**

Study Area Code of Reporting Carrier

**431704**

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

**6/16/2015**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **KANOKLA TEL ASSN-OK**

Signature of Authorized Officer or employee: **Greg Aldridge**

Digitally signed by Greg Aldridge DN:cn=Greg Aldridge,email=greg@kanokla.com,O=kanokla tel assn-ok,l=Caldwell KS 67022-0111, Date:5/19/2015

Date: **5/19/2015**

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

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **620-845-5682**

Study Area Code of Reporting Carrier

**431788**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **S. CENTRAL TEL - OK**

Signature of Authorized Officer or employee: **Christina Hickert**  
Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=chickert@sctelcom.com,O=s. central tel - ok,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Christina Hickert**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **620-930-1082**

Study Area Code of Reporting Carrier

**431831**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ATLAS TEL CO**

Signature of Authorized Officer or employee: **Barbara Summa**  
Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas tel co,l=Big Cabin OK 74332-0077, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Barbara Summa**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **918-783-5111**

Study Area Code of Reporting Carrier

**431966**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BEGGS TEL CO**

Signature of Authorized Officer or employee: **Kay Mount**

Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs tel co,l=Beggs OK 74421-0749, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Kay Mount**

Title or position of Authorized Officer or employee: **Pres. & General Manager**

Telephone number of Authorized Officer or employee: **918-267-3636**

Study Area Code of Reporting Carrier

**431968**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **CANADIAN VALLEY TEL**

Signature of Authorized Officer or employee: **Orlean Smith**

Digitally signed by Orlean Smith DN:cn=Orlean Smith,email=murphy@cvok.net,O=canadian valley tel,l=Crowder OK 74430, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Orlean Smith**

Title or position of Authorized Officer or employee: **President / Gen Manager**

Telephone number of Authorized Officer or employee: **918-334-3700**

Study Area Code of Reporting Carrier

**431974**

Filing Due Date for this form (mm/dd/yyyy)

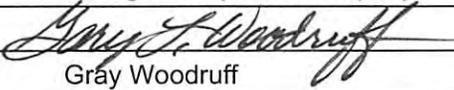
**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Carnegie Telephone Company	
Signature of authorized officer				Date	05/19/2015
Printed name of authorized officer		Gray Woodruff			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		(580) 654-1002			
Study Area Code of Reporting Carrier		431976	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**

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Name of Reporting Carrier: **CENTRAL OKLAHOMA TEL**

Signature of Authorized Officer or employee: **Steve Guest**

Digitally signed by Steve Guest DN:cn=Steve Guest,email=steve377@cotc.net,O=central oklahoma tel,l=Davenport OK 74026-0789, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Steve Guest**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **918-377-2241**

Study Area Code of Reporting Carrier

**431977**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CHEROKEE TEL CO**

Signature of Authorized Officer or employee: **Samuel Sanchez**  
Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee tel co, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Samuel Sanchez**

Title or position of Authorized Officer or employee: **Vice President Operations**

Telephone number of Authorized Officer or employee: **580-434-5375**

Study Area Code of Reporting Carrier

**431979**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CHICKASAW TEL CO**

Signature of Authorized Officer or employee: **Larry Jones**

Digitally signed by Larry Jones DN:cn=Larry Jones,email=ldjones@chickasawphone.net,O=chickasaw tel co,l=Sulphur OK 73086-0460, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Larry Jones**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **580-622-5223**

Study Area Code of Reporting Carrier

**431980**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

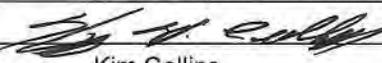
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Cimarron Telephone Company	
Signature of authorized officer	<i>Gene Baldwin</i>	Date	05/17/2015
Printed name of authorized officer		Gene Baldwin	
Title or position of authorized officer		Executive Vice President	
Telephone number of authorized officer: (918) 865-3311 ext.			
Study Area Code of Reporting Carrier	431982	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934 47 U.S.C. §§ 502 503(b), or fine or imprisonment under Title 18 of the United States Code 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Cross Telephone Company	
Signature of authorized officer		Date	05/28/2015
Printed name of authorized officer	Kim Collins		
Title or position of authorized officer	Assistant Secretary		
Telephone number of authorized officer:	(918) 463-2921 ext.		
Study Area Code of Reporting Carrier	431985	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **DOBSON TEL CO**

Signature of Authorized Officer or employee: **Trent LeForce**

Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=trent.leforce@dobson technologies.com,O=dobson tel co,l= , Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Trent LeForce**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **405-242-0336**

Study Area Code of Reporting Carrier

**431988**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **GRAND TEL CO INC**

Signature of Authorized Officer or employee: **Jason Anderson**  
Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand tel co inc,l=Jay OK 74346-0308, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Jason Anderson**

Title or position of Authorized Officer or employee: **Controller/Co-Manager/2nd Vice President**

Telephone number of Authorized Officer or employee: **918-253-4231**

Study Area Code of Reporting Carrier

**431994**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **HINTON TEL CO**

Signature of Authorized Officer or employee: **Kenneth Doughty**  
Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton tel co,l=Hinton OK 73047, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Kenneth Doughty**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **405-542-3262**

Study Area Code of Reporting Carrier

**431995**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **MICLOUD TEL CO**

Signature of Authorized Officer or employee: **Trent LeForce**

Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=trent.leforce@dobsontechnologies.com,O=mcloud tel co, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Trent LeForce**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **405-242-0336**

Study Area Code of Reporting Carrier

**432006**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **MEDICINE PARK TEL CO**

Signature of Authorized Officer or employee: **Dean Pennello**  
Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=deanp@mpelco.com,O=medicine park tel co,l=Medicine Park OK 73557, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Dean Pennello**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **580-529-2700**

Study Area Code of Reporting Carrier

**432008**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **OKLATEL COMM.**

Signature of Authorized Officer or employee: **Toney Prather**

Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totalcom.net,O=oklatel comm.,l=De Leon TX 76444, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Toney Prather**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **254-893-1000**

Study Area Code of Reporting Carrier

**432013**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **OKLAHOMA WESTERN TEL**

Signature of Authorized Officer or employee: **Pauline Van Horn**  
Digitally signed by Pauline Van Horn DN:cn=Pauline Van Horn,email=pvanhorn.owtc@gmail.com,O=oklahoma western tel,l=Clayton OK 74536, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Pauline Van Horn**

Title or position of Authorized Officer or employee: **Chairman**

Telephone number of Authorized Officer or employee: **918-569-4111**

Study Area Code of Reporting Carrier

**432014**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **PINE TELEPHONE CO**

Signature of Authorized Officer or employee: **John Callaham**  
Digitally signed by John Callaham DN:cn=John Callaham,email=johnc@pine-net.com,O=pine telephone co,l=Broken Bow OK 74728, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **John Callaham**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **580-584-2100**

Study Area Code of Reporting Carrier

**432017**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **PIONEER TEL COOP INC**

Signature of Authorized Officer or employee: **Richard Ruhl**

Digitally signed by Richard Ruhl DN:cn=Richard Ruhl,email=raruhl@ptci.com,O=pioneer tel coop inc,l=Kingfisher OK 73750-0539, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Richard Ruhl**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **405-375-0191**

Study Area Code of Reporting Carrier

**432018**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

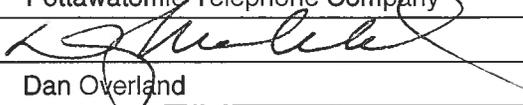
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

e

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Pottawatomie Telephone Company			
Signature of authorized officer					Date	05/18/2015	
Printed name of authorized officer			Dan Overland				
Title or position of authorized officer			Vice President				
Telephone number of authorized officer: (405) 997-5201 ext.							
Study Area Code of Reporting Carrier		432020		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SALINA-SPAVINAW TEL**

Signature of Authorized Officer or employee: **Scott Boone**

Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Scott Boone**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **918-496-8166**

Study Area Code of Reporting Carrier

**432022**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SHIDLER TEL CO**

Signature of Authorized Officer or employee: **Lisa Patton**

Digitally signed by Lisa Patton DN:cn=Lisa Patton,email=lisa@stinternet.net,O=shidler tel co,l=Shidler OK 74652, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Lisa Patton**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **918-793-2211**

Study Area Code of Reporting Carrier

**432023**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SW OKLAHOMA TEL CO**

Signature of Authorized Officer or employee: **George Wycoff**  
Digitally signed by George Wycoff DN:cn=George Wycoff,email=swotc@swoi.net,O=sw oklahoma tel co,l=Duke OK 73532, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **George Wycoff**

Title or position of Authorized Officer or employee: **Exec. Vice President/General Manager**

Telephone number of Authorized Officer or employee: **580-679-3345**

Study Area Code of Reporting Carrier	<b>432025</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TERRAL TEL CO**

Signature of Authorized Officer or employee: **Dick Segress**

Digitally signed by Dick Segress DN:cn=Dick Segress,email=dick@ttslinx.com,O=terral tel co, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Dick Segress**

Title or position of Authorized Officer or employee: **President/General Manager**

Telephone number of Authorized Officer or employee: **405-602-2408**

Study Area Code of Reporting Carrier

**432029**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TOTAH COMMUNICATIONS**

Signature of Authorized Officer or employee: **Keith Watson**

Digitally signed by Keith Watson DN:cn=Keith Watson,email=kewatson@totalcsi.com,O=totah communications,I=Ochelata OK 74051-0300, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Keith Watson**

Title or position of Authorized Officer or employee: **Executive VP / Controller**

Telephone number of Authorized Officer or employee: **918-535-2208**

Study Area Code of Reporting Carrier

**432030**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **VALLIANT TEL CO**

Signature of Authorized Officer or employee: **Tommy Dorries**  
Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant tel co,l=Valliant OK 74764, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Tommy Dorries**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **580-933-4400**

Study Area Code of Reporting Carrier

**432032**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SANTA ROSA TEL COOP

Signature of Authorized Officer or employee: **Jason Tole**  
Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/19/2015

Date: 5/19/2015

Printed name of Authorized Officer or employee: Jason Tole

Title or position of Authorized Officer or employee: Assistant GM / CFO

Telephone number of Authorized Officer or employee: 940-886-2014

Study Area Code of Reporting Carrier

432141

Filing Due Date for this form  
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 TEXAS

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 texas,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

440425

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BLOSSOM TEL CO**

Signature of Authorized Officer or employee: **C. Dorries**

Digitally signed by C. Dorries DN:cn=C.  
 Dorries,email=Clint@blossomtel.net,O=blossom tel  
 co,l=Blossom TX 75416-0008, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **C. Dorries**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **903-982-5200**

Study Area Code of Reporting Carrier

**442038**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

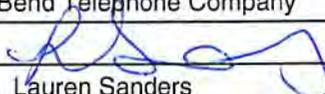
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Big Bend Telephone Co. Inc.			
Signature of authorized officer			Date		5-20-15		
Printed name of authorized officer				Lauren Sanchez			
Title or position of authorized officer				VP Commercial			
Telephone number of authorized officer:				432.364.0054			
Study Area Code of Reporting Carrier		442039		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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 <b>Big Bend Telephone Company</b>			
Signature of authorized officer 		Date	<b>9-9-15</b>
Printed name of authorized officer <b>Lauren Sanders</b>			
Title or position of authorized officer <b>VP Commercial</b>			
Telephone number of authorized officer: <b>(432) 364-0054</b>			
Study Area Code of Reporting Carrier	<b>442039</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>Sept 2015</b>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: BRAZORIA TEL CO

Signature of Authorized Officer or employee: **Gil Rasco**

Digitally signed by Gil Rasco DN:cn=Gil Rasco, email=gil@btel.com, O=brazoria tel co, l=Brazoria TX 77422, Date:5/15/2015

Date: 5/15/2015

Printed name of Authorized Officer or employee: Gil Rasco

Title or position of Authorized Officer or employee: Vice President, Operations

Telephone number of Authorized Officer or employee: 979-798-2121

Study Area Code of Reporting Carrier

442040

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Brazoria Telephone Company	
Signature of authorized officer		<i>Cecil R Rasco</i>		Date	9-3-15
Printed name of authorized officer		Gil Rasco			
Title or position of authorized officer		Vice President, Operations			
Telephone number of authorized officer:		(979) 798-2121 ext.			
Study Area Code of Reporting Carrier	442040	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: **BRAZOS TEL COOP INC**

Signature of Authorized Officer or employee: **Lonnie Rue**

Digitally signed by Lonnie Rue DN:cn=Lonnie Rue,email=lroe@brazosnet.com,O=brazos tel coop inc,lc= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Lonnie Rue**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **940-873-4303**

Study Area Code of Reporting Carrier

**442041**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 TEXAS TEL. CO.**

Signature of Authorized Officer or employee: **Toney Prather**

Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=north texas tel. co.,l=De Leon TX 76444, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Toney Prather**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **254-893-1000**

Study Area Code of Reporting Carrier

**442043**

Filing Due Date for this form  
(mm/dd/yyyy)

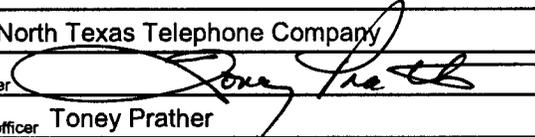
**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 Texas Telephone Company	
Signature of authorized officer		Date	September 8, 2015
Printed name of authorized officer		Toney Prather	
Title or position of authorized officer		President	
Telephone number of authorized officer:		(254) 893-4600	
Study Area Code of Reporting Carrier	44-2043	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: CAP ROCK TEL COOP

Signature of Authorized Officer or employee: **Jim Whitefield**  
Digitally signed by Jim Whitefield DN:cn=Jim Whitefield,email=advisory@caprock-spur.com,O=cap rock tel coop,I=Spur TX 79370-0300, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer or employee: Jim Whitefield

Title or position of Authorized Officer or employee: Executive Vice President/General Manager

Telephone number of Authorized Officer or employee: 806-271-3336

Study Area Code of Reporting Carrier

442046

Filing Due Date for this form  
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 TEXAS CO-OP**

Signature of Authorized Officer or employee: **Jamey Wigley**

Digitally signed by Jamey Wigley DN:cn=Jamey Wigley,email=jameyw@centexnet.com,O=central texas co-op,l=Goldthwaite TX 76844, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Jamey Wigley**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **325-648-2237**

Study Area Code of Reporting Carrier

**442052**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **COLEMAN COUNTY CO-OP**

Signature of Authorized Officer or employee: **Tim Humpert**

Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county co-op,l=Santa Anna TX 76878, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Tim Humpert**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **325-348-3124**

Study Area Code of Reporting Carrier

**442057**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier Colorado Valley Telephone Cooperative, Inc.

Signature of authorized officer *Kelly Allison* Date 05/26/15

Printed name of authorized officer Kelly Allison

Title or position of authorized officer General Manager/Authorized Agent

Telephone number of authorized officer: (979) 242-5911 ext.

Study Area Code of Reporting Carrier	442059	Filing Due Date for this form (mm/dd/yyyy)	5/16/2015
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TOTELCOM COMM.**

Signature of Authorized Officer or employee: **Toney Prather**  
Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totalcom.net,O=totalcom comm.,l=De Leon TX 76444, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Toney Prather**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **254-893-1000**

Study Area Code of Reporting Carrier

**442060**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Totalcom Communications, LLC	
Signature of authorized officer			Date		September 8, 2015
Printed name of authorized officer			Toney Prather		
Title or position of authorized officer			President		
Telephone number of authorized officer: (254) 893-1000					
Study Area Code of Reporting Carrier		44-2060	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: **COMMUNITY TEL CO**

Signature of Authorized Officer or employee: **Clifford Humpert**  
Digitally signed by Clifford Humpert DN:cn=Clifford Humpert,email=cliffhumpert@comcell.net,O=community tel co,l=Windthorst TX 76389, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Clifford Humpert**

Title or position of Authorized Officer or employee: **Vice President/General Manager**

Telephone number of Authorized Officer or employee: **940-423-6201**

Study Area Code of Reporting Carrier

**442061**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CUMBY TEL COOP INC**

Signature of Authorized Officer or employee: **Karen Zimmerman**  
Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenz@cumbytel.com,O=cumby tel coop inc,I=Cumby TX 75433, Date:5/25/2015

Date: **5/25/2015**

Printed name of Authorized Officer or employee: **Karen Zimmerman**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **903-994-2211**

Study Area Code of Reporting Carrier

**442065**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **DELL TEL. CO-OP - TX**

Signature of Authorized Officer or employee: **Marcy Guillen**

Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@dellcity.com,O=dell tel. co-op - tx, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Marcy Guillen**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **915-964-2352**

Study Area Code of Reporting Carrier

**442066**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **EASTEX TEL COOP INC**

Signature of Authorized Officer or employee: **Steve Alexander**  
Digitally signed by Steve Alexander DN:cn=Steve Alexander,email=steve@eastex.net,O=eastex tel coop inc,l=Henderson TX 75653-0150, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Steve Alexander**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **903-854-1121**

Study Area Code of Reporting Carrier

**442068**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				EASTEX TEL COOP INC.	
Signature of authorized officer		<i>Steve Alexander</i>		Date	9/8/15
Printed name of authorized officer		Steve Alexander			
Title or position of authorized officer		Chief Financial Officer			
Telephone number of authorized officer:		(903) 854-1121 <sub>ext.</sub>			
Study Area Code of Reporting Carrier	442068	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: **ELECTRA TELEPHONE CO**

Signature of Authorized Officer or employee: **Deborah Nobles**  
Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=electra telephone co,l=Macclenny FL 32063-0485, Date:5/22/2015

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	<b>442069</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FIVE AREA TEL CO-OP**

Signature of Authorized Officer or employee: **Sandy Vandevender**  
Digitally signed by Sandy Vandevender DN:cn=Sandy Vandevender,email=sandyv@fivearea.com,O=five area tel co-op,l=Muleshoe TX 79347-0448, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Sandy Vandevender**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **806-272-5533**

Study Area Code of Reporting Carrier

**442071**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				FIVE AREA TEL CO-OP	
Signature of authorized officer		<i>Mark Washington</i>		Date	09/08/2015
Printed name of authorized officer		Mark Washington			
Title or position of authorized officer		Chief Executive Officer			
Telephone number of authorized officer:		(806) 272-5533			
Study Area Code of Reporting Carrier	442071	Filing Due Date for this form (mm/dd/yyyy)	Sept 2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BORDER TO BORDER**

Signature of Authorized Officer or employee: **Curtis Hunt**

Digitally signed by Curtis Hunt DN:cn=Curtis Hunt,email=curtis.hunt@border2border.com,O=border to border, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Curtis Hunt**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **956-936-2000**

Study Area Code of Reporting Carrier

**442073**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **GANADO TEL.**

Signature of Authorized Officer or employee: **Bill Rakowitz**  
Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado tel.,l=Ganado TX 77962-0329, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Bill Rakowitz**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **361-771-3331**

Study Area Code of Reporting Carrier	<b>442076</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **GUADALUPE VALLEY TEL**

Signature of Authorized Officer or employee: **Robert Hunt**

Digitally signed by Robert Hunt DN:cn=Robert Hunt,email=robert.hunt@gvtc.net,O=guadalupe valley tel, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Robert Hunt**

Title or position of Authorized Officer or employee: **VP-Regulatory Affairs & Bus Ops**

Telephone number of Authorized Officer or employee: **830-885-8239**

Study Area Code of Reporting Carrier

**442083**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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>			
<p>M I d neQdonqmf B` qtdq <b>Guadalupe Valley Telephone Cooperative</b></p>			
<p>Rlf m d qf ne` t sgnfydc ne`bdq <i>Robert M. Hunt</i></p>		<p>C` sd</p>	<p><i>9/3/15</i></p>
<p>Otdm d m I d ne` t sgnfydc ne`bdq <b>Robert Hunt</b></p>			
<p>Sld nqonr hnmne` t sgnfydc ne`bdq <b>VP- Regulatory Affairs &amp; Bus Ops</b></p>			
<p>Sldkognd nrl l adqne` t sgnfydc ne`bdq <b>(830) 885-8239</b></p>			
<p>Ra cx @ Bncd neQdonqmf B` qtdq</p>	<p><b>442083</b></p>	<p>Elmrf Ct d C` sd enqsglr end        'l l .cc.xxxx(</p>	<p>Sept 2015</p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Hill Country Telephone Cooperative, Inc.			
Signature of authorized officer			<i>Willard R Bass</i>		Date		5/21/2015
Printed name of authorized officer				Willard R Bass			
Title or position of authorized officer				Board President			
Telephone number of authorized officer:				(830) 367-5333			
Study Area Code of Reporting Carrier		442086		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				Hill Country Telephone Cooperative, Inc.			
Signature of authorized officer		<i>April Hansard</i>		Date		9/9/15	
Printed name of authorized officer				April Hansard			
Title or position of authorized officer				Chief Financial Officer			
Telephone number of authorized officer:				(830) 367-5333			
Study Area Code of Reporting Carrier		442086		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: **ALENCO COMMUNICATION**

Signature of Authorized Officer or employee: **Ray Bussell**

Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communication,l=Joshua TX 76058, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Ray Bussell**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **817-447-0127**

Study Area Code of Reporting Carrier

**442090**

Filing Due Date for this form  
(mm/dd/yyyy)

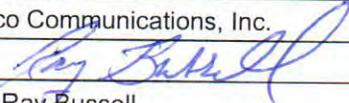
**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <b>Alenco Communications, Inc.</b>			
Signature of authorized officer		Date	<b>9/8/2015</b>
Printed name of authorized officer <b>Ray Bussell</b>			
Title or position of authorized officer <b>General Manager</b>			
Telephone number of authorized officer: <b>(817) 447-0127</b> , ext.			
Study Area Code of Reporting Carrier	<b>442090</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>Sept 2015</b>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ETS TEL. CO., INC.**

Signature of Authorized Officer or employee: **Von Kauffman**  
Digitally signed by Von Kauffman DN:cn=Von Kauffman,email=vkauffman@entouch.net,O=ets tel. co., inc.,l= , Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Von Kauffman**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **281-225-0525**

Study Area Code of Reporting Carrier

**442091**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: <b>Industry Telephone Company</b>			
Signature of authorized officer: <i>Robin Marek</i>		Date:	<b>May 18, 2015</b>
Printed name of authorized officer: <b>Robin Marek</b>			
Title or position of authorized officer: <b>President/General Manager</b>			
Telephone number of authorized officer: <b>(979) 357-4411 ext.</b>			
Study Area Code of Reporting Carrier:	<b>442093</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).</p>			
<b>Name of Reporting Carrier</b> Industry Telephone Company			
<b>Signature of authorized officer</b> <i>Robin Marek</i>		<b>Date</b> 9-8-15	
<b>Printed name of authorized officer</b> Robin Marek			
<b>Title or position of authorized officer</b> President/General Manager			
<b>Telephone number of authorized officer:</b> (979) 357-4411 ext.			
<b>Study Area Code of Reporting Carrier</b>	442093	<b>Filing Due Date for this form</b> <small>(mm/dd/yyyy)</small>	Sept 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: **LA WARD TEL EXCHANGE**

Signature of Authorized Officer or employee: **Terri Parker**

Digitally signed by Terri Parker DN:cn=Terri Parker,email=terri@laward.org,O=la ward tel exchange,I=La Ward TX 77970-0246, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Terri Parker**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **361-872-2211**

Study Area Code of Reporting Carrier

**442103**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: LIPAN TEL CO

Signature of Authorized Officer or employee: Beth Howard

Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan tel co,l=Lipan TX 76462, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer or employee: Beth Howard

Title or position of Authorized Officer or employee: Sec / Treasurer

Telephone number of Authorized Officer or employee: 254-646-2211

Study Area Code of Reporting Carrier

442105

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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-PLAINS RURAL TEL

Signature of Authorized Officer or employee: Rick Hurt

Digitally signed by Rick Hurt DN:cn=Rick Hurt,email=rhurt@midplains.org,O=mid-plains rural tel,l=Tulia TX 79088-0300, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer or employee: Rick Hurt

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 806-668-4420

Study Area Code of Reporting Carrier

442112

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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-Plains Rural Tel. Co-op. Inc.				
Signature of authorized officer <i>Rick Hurt</i>		Date 9-8-15		
Printed name of authorized officer Rick Hurt				
Title or position of authorized officer General Manager				
Telephone number of authorized officer: (806) 668-4420				
Study Area Code of Reporting Carrier	442112	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: **MUENSTER DBA NORTEX**

Signature of Authorized Officer or employee: **Alan Rohmer**  
Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=muenster dba nortex,l=Muenster TX 76252, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Alan Rohmer**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **940-759-2251**

Study Area Code of Reporting Carrier

**442116**

Filing Due Date for this form  
 (mm/dd/yyyy)

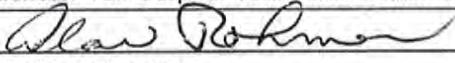
**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Muenster Tel. Corp. of Texas dba Nortex Communications	
Signature of authorized officer				Date	09/08/2015
Printed name of authorized officer		Alan Rohmer			
Title or position of authorized officer		Chief Financial Officer			
Telephone number of authorized officer:		(940) 759-2251 ext.			
Study Area Code of Reporting Carrier	442116	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: **PEOPLES TEL COOP -TX**

Signature of Authorized Officer or employee: **Gena von Reyn**  
Digitally signed by Gena von Reyn DN:cn=Gena von Reyn,email=gena.vonreyn@peoplescom.net,O=peoples tel coop -tx,I=Quitman TX 75783, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Gena von Reyn**

Title or position of Authorized Officer or employee: **Regulatory Affairs Manager**

Telephone number of Authorized Officer or employee: **903-878-3172**

Study Area Code of Reporting Carrier

**442130**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 Cooperative, Inc.				
Signature of authorized officer				<i>Steele</i>		Date		09/08/2015	
Printed name of authorized officer					Steven Steele				
Title or position of authorized officer					CEO/GM				
Telephone number of authorized officer:					(903) 878-3132				
Study Area Code of Reporting Carrier		442130		Filing Due Date for this form (mm/dd/yyyy)		Sept 2015			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **POKA-LAMBRO TEL COOP**

Signature of Authorized Officer or employee: **David McEndree**  
Digitally signed by David McEndree DN:cn=David McEndree,email=dmc@poka.com,O=poka-lambro tel coop,l=Tahoka TX 79373-1340, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **David McEndree**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **806-924-7234**

Study Area Code of Reporting Carrier

**442131**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Riviera Telephone Company, Inc.	
Signature of authorized officer:		<i>Bill Colston</i>		Date	05/20/15
Printed name of authorized officer		Bill Colston, Jr.			
Title or position of authorized officer		President/General Manager			
Telephone number of authorized officer:		(361) 296-3232			
Study Area Code of Reporting Carrier	442134	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				Riviera Telephone Company, Inc.			
Signature of authorized officer			<i>Leslie Colston</i>		Date		09/09/2015
Printed name of authorized officer				Leslie Colston			
Title or position of authorized officer				Vice-President			
Telephone number of authorized officer				(361) 296-3232			
Study Area Code of Reporting Carrier		442134		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: **SOUTHWEST TEXAS TEL**

Signature of Authorized Officer or employee: **Gary Gilmer**

Digitally signed by Gary Gilmer DN:cn=Gary Gilmer, email=gary@swtexas.com, O=southwest texas tel, l=Rocksprings TX 78880, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Gary Gilmer**

Title or position of Authorized Officer or employee: **President, CEO**

Telephone number of Authorized Officer or employee: **830-683-2111**

Study Area Code of Reporting Carrier

**442135**

Filing Due Date for this form  
(mm/dd/yyyy)

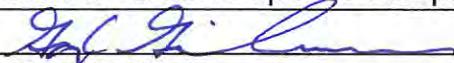
**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 Texas Telephone Company	
Signature of authorized officer				Date	9/9/2015
Printed name of authorized officer		Gary C Gilmer			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(830) 683-2111 ext.			
Study Area Code of Reporting Carrier	442135	Filing Due Date for this form (mm/dd/yyyy)	Sept 2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SANTA ROSA TEL COOP**

Signature of Authorized Officer or employee: **Jason Tole**  
Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Jason Tole**

Title or position of Authorized Officer or employee: **Assistant GM / CFO**

Telephone number of Authorized Officer or employee: **940-886-2014**

Study Area Code of Reporting Carrier

**442141**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 PLAINS TEL**

Signature of Authorized Officer or employee: **Scotty Hart**  
Digitally signed by Scotty Hart DN:cn=Scotty Hart,email=scotthart@sptc.net,O=south plains tel,l=Lubbock TX 79408-1379, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Scotty Hart**

Title or position of Authorized Officer or employee: **CEO / General Manager**

Telephone number of Authorized Officer or employee: **806-763-2301**

Study Area Code of Reporting Carrier

**442143**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TATUM TEL CO**

Signature of Authorized Officer or employee: **Deborah Nobles**  
Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=tatum tel co,l=Macclenny FL 32063-0485, Date:5/22/2015

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

**442150**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TAYLOR TEL CO-OP INC**

Signature of Authorized Officer or employee: **Steve Singletary**  
Digitally signed by Steve Singletary DN:cn=Steve Singletary,email=steves@taylortel.net,O=taylor tel co-op inc,l=Merkel TX 79536, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Steve Singletary**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **325-846-4111**

Study Area Code of Reporting Carrier

**442151**

Filing Due Date for this form  
(mm/dd/yyyy)

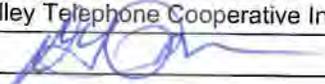
**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 Cooperative Inc.			
Signature of authorized officer					Date		05/25/2015
Printed name of authorized officer			Dave Osborn				
Title or position of authorized officer			CEO				
Telephone number of authorized officer:			(956) 642-1124 ext.				
Study Area Code of Reporting Carrier		442159	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**

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Name of Reporting Carrier: **WEST TEXAS RURAL TEL**

Signature of Authorized Officer or employee: **Amy Linzey**

Digitally signed by Amy Linzey DN:cn=Amy Linzey,email=amylinzey@wtrt.net,O=west texas rural tel,l=Hereford TX 79045, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Amy Linzey**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **806-364-3331**

Study Area Code of Reporting Carrier

**442166**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WES-TEX TEL CO-OP**

Signature of Authorized Officer or employee: **James Wilson**  
Digitally signed by James Wilson DN:cn=James Wilson,email=jamesbobwilson@aol.com,O=wes-tex tel co-op,I=Stanton TX 79782, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **James Wilson**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **432-756-3393**

Study Area Code of Reporting Carrier

**442168**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **XIT RURAL TEL CO-OP**

Signature of Authorized Officer or employee: **Darrell Dennis**  
Digitally signed by Darrell Dennis DN:cn=Darrell Dennis,email=ddennis@xitcomm.net,O=xit rural tel co-op,l=Dalhart TX 79022, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Darrell Dennis**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **806-384-3311**

Study Area Code of Reporting Carrier

**442170**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				XIT Rural Telephone Cooperative Inc.			
Signature of authorized officer			Date		9-8-2015		
Printed name of authorized officer				Darrell F. Dennis			
Title or position of authorized officer				General Manager			
Telephone number of authorized officer: 806.384.3311, ext.							
Study Area Code of Reporting Carrier		442170		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**

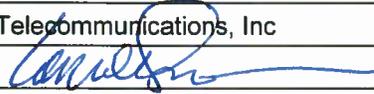
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier					ENMR Telephone Cooperative - TX				
Signature of authorized officer				<i>David J. Robinson</i>		Date		05-26-2015	
Printed name of authorized officer					David J. Robinson				
Title or position of authorized officer					Chief Financial Officer/Assistant CEO				
Telephone number of authorized officer:					(575) 389-5100				
Study Area Code of Reporting Carrier		442262		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 <b>Hopi Telecommunications, Inc</b>			
Signature of authorized officer 	Date	<b>5/18/2015</b>	
Printed name of authorized officer <b>Carroll Onsaie</b>			
Title or position of authorized officer <b>General Manager and President</b>			
Telephone number of authorized officer: <b>(928) 522-8428</b>			
Study Area Code of Reporting Carrier	<b>450815</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SAN CARLOS APACHE**

Signature of Authorized Officer or employee: **Shirley Ortiz**

Digitally signed by Shirley Ortiz DN:cn=Shirley Ortiz,email=shirley.ortiz@scatui.com,O=san carlos apache,l=Peridot AZ 85542, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Shirley Ortiz**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **928-475-7058**

Study Area Code of Reporting Carrier

**452169**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

452173

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Tohono O'odham Utility Authority	
Signature of authorized officer		<i>Harriet Toro</i>		Date	May 22, 2015
Printed name of authorized officer		Harriet Toro			
Title or position of authorized officer		Chairwoman			
Telephone number of authorized officer:		(520) 383-2236			
Study Area Code of Reporting Carrier	452173	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 TEL COOP-AZ

Signature of Authorized Officer or employee: **Steven Metts**

Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop-az,l=Willcox AZ 85644, Date:5/19/2015

Date: 5/19/2015

Printed name of Authorized Officer or employee: Steven Metts

Title or position of Authorized Officer or employee: CEO / General Manager

Telephone number of Authorized Officer or employee: 520-384-2231

Study Area Code of Reporting Carrier

452176

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

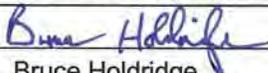
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

452179

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Gila River Telecommunications, Inc.	
Signature of authorized officer				Date	May 26, 2015
Printed name of authorized officer		Bruce Holdridge			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(520) 796-3333 ext.			
Study Area Code of Reporting Carrier	452179	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: ACCIPITER DBA ZONA

Signature of Authorized Officer or employee: **Jennifer Vellucci**  
Digitally signed by Jennifer Vellucci DN:cn=Jennifer Vellucci,email=jvellucci@teamzona.com,O=accipiter dba zona,l= , Date:5/15/2015

Date: 5/15/2015

Printed name of Authorized Officer or employee: Jennifer Vellucci

Title or position of Authorized Officer or employee: Vice President/CFO

Telephone number of Authorized Officer or employee: 623-455-4500

Study Area Code of Reporting Carrier	452191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 MOJAVE TEL, INC**

Signature of Authorized Officer or employee: **Linda Gutierrez**  
Digitally signed by Linda Gutierrez DN:cn=Linda Gutierrez, email=linfmi@ftmojave.net, O=fort mojave tel, inc, l= , Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Linda Gutierrez**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **928-346-2521**

Study Area Code of Reporting Carrier

**452200**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: MIDVALE-AZ

Signature of Authorized Officer or employee: **John Stuart**  
Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale-az,I=Midvale ID 83645, Date:5/27/2015

Date: 5/27/2015

Printed name of Authorized Officer or employee: John Stuart

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 208-355-2211

Study Area Code of Reporting Carrier

452226

Filing Due Date for this form  
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

453334

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Table Top Telephone Company, Inc.	
Signature of authorized officer			Date		5-21-2015
Printed name of authorized officer			Kristann Mattes		
Title or position of authorized officer			President		
Telephone number of authorized officer: (559) 868-6346 ext.					
Study Area Code of Reporting Carrier		453334	Filing Due Date for this form (mm/dd/yyyy)		6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

457991

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 <b>Saddleback Communications</b>			
Signature of authorized officer 		Date	<b>5-18-15</b>
Printed name of authorized officer <b>Bill Bryant</b>			
Title or position of authorized officer <b>President/General Manager</b>			
Telephone number of authorized officer: <b>(480) 362-7001</b>			
Study Area Code of Reporting Carrier	<b>457991</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>5/16/2015</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **AGATE MUTUAL TEL CO**

Signature of Authorized Officer or employee: **Amy Noah**  
Digitally signed by Amy Noah DN:cn=Amy Noah,email=amtca@amtca.net,O=agate mutual tel co,l=Agate CO 80101-0038, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Amy Noah**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **719-764-2578**

Study Area Code of Reporting Carrier

**462178**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BIJOU TEL COOP ASSOC**

Signature of Authorized Officer or employee: **Brian Creveling**  
Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel coop assoc,l= , Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Brian Creveling**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **303-822-5400**

Study Area Code of Reporting Carrier

**462181**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BLANCA TEL CO**

Signature of Authorized Officer or employee: **Alan Wehe**

Digitally signed by Alan Wehe DN:cn=Alan Wehe,email=alanwehe@gojade.org,O=blanca tel co,l=Alamosa CO 81101, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Alan Wehe**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **719-379-3839**

Study Area Code of Reporting Carrier

**462182**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **EASTERN SLOPE RURAL**

Signature of Authorized Officer or employee: **Patricia White**

Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.coop,O=eastern slope rural,1=Hugo CO 80821-0397, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Patricia White**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **719-743-2441**

Study Area Code of Reporting Carrier

**462186**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 - CO**

Signature of Authorized Officer or employee: **Douglas Pace**  
Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dpace@ftitel.net,O=farmers tel co - co,l=Pleasant View CO 81331-0369, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Douglas Pace**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **970-562-0058**

Study Area Code of Reporting Carrier

**462188**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **HAXTUN TEL CO**

Signature of Authorized Officer or employee: **Deborah Nobles**  
Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=haxtun tel co,l=Macclenny FL 32063-0485, Date:5/22/2015

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

**462190**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NUCLA-NATURITA TEL**

Signature of Authorized Officer or employee: **Kelly Tomlinson**  
Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=kelly@nntc.bz,O=nucla-naturita tel,l=Nucla CO 81424, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Kelly Tomlinson**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **970-864-7335**

Study Area Code of Reporting Carrier

**462193**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NUNN TEL CO**

Signature of Authorized Officer or employee: **Greg Grablander**  
Digitally signed by Greg Grablander DN:cn=Greg Grablander,email=greg@ezlink.com,O=nunn tel co,I=Nunn CO 80648, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Greg Grablander**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **970-897-2200**

Study Area Code of Reporting Carrier	<b>462194</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 PARK TEL. CO.**

Signature of Authorized Officer or employee: **David Shipley**

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@usch.com,O=south park tel. co.,l=Colorado City CO 81019-0166, Date:5/16/2015

Date: **5/16/2015**

Printed name of Authorized Officer or employee: **David Shipley**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **719-676-4151**

Study Area Code of Reporting Carrier

**462195**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PEETZ COOP TEL CO

Signature of Authorized Officer or employee: **Kathy Glassburn**  
Digitally signed by Kathy Glassburn DN:cn=Kathy Glassburn,email=peetztel@peetzplace.com,O=peetz coop tel co,l=Peetz CO 80747, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer or employee: Kathy Glassburn

Title or position of Authorized Officer or employee: Office Manager

Telephone number of Authorized Officer or employee: 970-334-2220

Study Area Code of Reporting Carrier

462196

Filing Due Date for this form  
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PHILLIPS COUNTY TEL

Signature of Authorized Officer or employee: **Vincent Kropp**  
Digitally signed by Vincent Kropp DN:cn=Vincent Kropp,email=vince.kropp@pctelcom.org,O=phillips county tel,l=Holyoke CO 80734, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer or employee: Vincent Kropp

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 970-854-2201

Study Area Code of Reporting Carrier

462197

Filing Due Date for this form  
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 DRIVE TEL CO**

Signature of Authorized Officer or employee: **Matthew Sellers**  
Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel co,l=Beulah CO 81023, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Matthew Sellers**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **719-485-3400**

Study Area Code of Reporting Carrier

**462198**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PLAINS COOP TEL ASSN**

Signature of Authorized Officer or employee: **D. Felty**

Digitally signed by D. Felty DN:cn=D.  
 Felty,email=dkfelty@plainstel.com,O=plains coop tel  
 assn,l=Joes CO 80822, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **D. Felty**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **970-358-4211**

Study Area Code of Reporting Carrier

**462199**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **RICO TEL CO**

Signature of Authorized Officer or employee: **Douglas Pace**  
Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dpacer@ftitel.net,O=rco tel co,l=Pleasant View CO 81331-0369, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Douglas Pace**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **970-562-0058**

Study Area Code of Reporting Carrier

**462201**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ROGGEN TEL COOP CO**

Signature of Authorized Officer or employee: **Peggy Manino**

Digitally signed by Peggy Manino DN:cn=Peggy Manino,email=pmanino@rtebb.net,O=roggen tel coop co,I=Roggen CO 80652-0100, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Peggy Manino**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **303-849-5260**

Study Area Code of Reporting Carrier

**462202**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **RYE TELEPHONE CO**

Signature of Authorized Officer or employee: **David Shipley**  
Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=rye telephone co,l=Colorado City CO 81019-0166, Date:5/16/2015

Date: **5/16/2015**

Printed name of Authorized Officer or employee: **David Shipley**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **719-676-3131**

Study Area Code of Reporting Carrier

**462203**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **STONEHAM COOP TEL CO**

Signature of Authorized Officer or employee: **Taya Northrup**

Digitally signed by Taya Northrup DN:cn=Taya Northrup,email=stoneham.telephone@yahoo.com,O=stoneham coop tel co,l=Stoneham CO 80754, Date:5/16/2015

Date: **5/16/2015**

Printed name of Authorized Officer or employee: **Taya Northrup**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **970-735-2251**

Study Area Code of Reporting Carrier

**462206**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier					Wiggins Telephone Association						
Signature of authorized officer				<i>Terry Hendrickson</i>				Date		5/21/15	
Printed name of authorized officer				Terry Hendrickson							
Title or position of authorized officer				CEO/GM							
Telephone number of authorized officer:				(970) 483-7343 <small>ext.</small>							
Study Area Code of Reporting Carrier			462209		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: **WILLARD TEL CO**

Signature of Authorized Officer or employee: **Aimee Dollerschell**  
Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel co,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Aimee Dollerschell**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **970-228-4571**

Study Area Code of Reporting Carrier

**462210**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ALBION TEL CO-ATC**

Signature of Authorized Officer or employee: **Rich Redman**  
Digitally signed by Rich Redman DN:cn=Rich Redman,email=rich@atcnet.net,O=albion tel co-atc,I=Albion ID 83311, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Rich Redman**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **208-673-5335**

Study Area Code of Reporting Carrier

**472213**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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**

Signature of Authorized Officer or employee: **Kristie Kanady**  
Digitally signed by Kristie Kanady DN:cn=Kristie Kanady,email=kkanady@ctctele.com,O=cambridge tel co,l=Cambridge ID 83610, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Kristie Kanady**

Title or position of Authorized Officer or employee: **Billing Manager**

Telephone number of Authorized Officer or employee: **208-257-3314**

Study Area Code of Reporting Carrier

**472215**

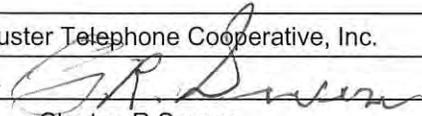
Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

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472218

**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 Custer Telephone Cooperative, Inc.				
Signature of authorized officer 			Date	May 26, 2015
Printed name of authorized officer Clayton R Severe				
Title or position of authorized officer President				
Telephone number of authorized officer: (208) 879-2281 ext.				
Study Area Code of Reporting Carrier	472218		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: **FILER MUTUAL TEL -ID**

Signature of Authorized Officer or employee: **Steve Cowger**

Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -id,i=Filer ID 83328, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Steve Cowger**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **208-326-4339**

Study Area Code of Reporting Carrier

**472220**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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: **Daniel Greig**  
Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmtc.com,O=farmers mutual tel,l=Fruitland ID 83619, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Daniel Greig**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **208-452-3100**

Study Area Code of Reporting Carrier

**472221**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **Fremont Telcom**

Signature of Authorized Officer or employee: **Stacey Mueller**  
Digitally signed by Stacey Mueller DN:cn=Stacey Mueller,email=smueller@blackfoot.com,O=fremont telcom,lc= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Stacey Mueller**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **406-541-5424**

Study Area Code of Reporting Carrier

**472222**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MIDVALE TEL EXCH INC**

Signature of Authorized Officer or employee: **John Stuart**

Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale tel exch inc,l=Midvale ID 83645, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **John Stuart**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **208-355-2211**

Study Area Code of Reporting Carrier

**472226**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

472227

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Mud Lake Telephone Cooperative Association, Inc.**

Signature of authorized officer *Justin Petersen*

Date **05/26/2015**

Printed name of authorized officer **Justin Petersen**

Title or position of authorized officer **President**

Telephone number of authorized officer: **(208) 374-5401**

Study Area Code of Reporting Carrier **472227**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PROJECT MUTUAL TEL

Signature of Authorized Officer or employee: Rick Harder

Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel, Date:5/26/2015

Date: 5/26/2015

Printed name of Authorized Officer or employee: Rick Harder

Title or position of Authorized Officer or employee: CFO/Treasurer

Telephone number of Authorized Officer or employee: 208-434-7124

Study Area Code of Reporting Carrier

472231

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **DIRECT COMM-ROCKLAND**

Signature of Authorized Officer or employee: **Leonard May**

Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland,I=Rockland ID 83271, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Leonard May**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

**472232**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

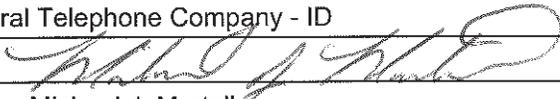
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

472233

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: Rural Telephone Company - ID			
Signature of authorized officer: 		Date:	05/26/15
Printed name of authorized officer: Michael J. Martell			
Title or position of authorized officer: Vice-President			
Telephone number of authorized officer: (208) 366-2614 ext.			
Study Area Code of Reporting Carrier:	472233	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SILVER STAR TEL- ID

Signature of Authorized Officer or employee: **Jefferson England**  
Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel-id,I=Freedom WY 83120, Date:5/27/2015

Date: 5/27/2015

Printed name of Authorized Officer or employee: Jefferson England

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 307-883-6675

Study Area Code of Reporting Carrier

472295

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **INLAND TEL-ID**

Signature of Authorized Officer or employee: **James Brooks**  
Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel-id,l=Roslyn WA 98941, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **James Brooks**

Title or position of Authorized Officer or employee: **Treasurer/Controller/Reg. Manager**

Telephone number of Authorized Officer or employee: **509-649-2211**

Study Area Code of Reporting Carrier

**472423**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BLACKFOOT TEL - BTC**

Signature of Authorized Officer or employee: **Stacey Mueller**  
Digitally signed by Stacey Mueller DN:cn=Stacey Mueller,email=smueller@blackfoot.com,O=blackfoot tel - btc,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Stacey Mueller**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **406-541-5424**

Study Area Code of Reporting Carrier

**482235**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **HOT SPRINGS TEL CO**

Signature of Authorized Officer or employee: **Kathe Johnson**  
Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe\_ann@yahoo.com,O=hot springs tel co,l=Missoula MT 59808, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Kathe Johnson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **406-721-0846**

Study Area Code of Reporting Carrier

**482241**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **InterBel Telephone Cooperative, Inc.**

Signature of authorized officer  Date **05/22/15**

Printed name of authorized officer **Randy L Wilson**

Title or position of authorized officer **CEO General Manager**

Telephone number of authorized officer: **(406) 889-3311**

Study Area Code of Reporting Carrier	<b>482242</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LINCOLN TEL CO INC**

Signature of Authorized Officer or employee: **Ken Lumpkin**

Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@lincotel.net,O=lincoln tel co inc, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Ken Lumpkin**

Title or position of Authorized Officer or employee: **General Manager / Secretary / Treasurer**

Telephone number of Authorized Officer or employee: **406-362-4216**

Study Area Code of Reporting Carrier

**482244**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

482246

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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-Rivers Telephone Cooperative, Inc.	
Signature of authorized officer				Date	05/19/15
Printed name of authorized officer		Alan Sevier			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(406) 485-3301 ext.			
Study Area Code of Reporting Carrier	482246	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: NEMONT TEL COOP-MT

Signature of Authorized Officer or employee: Remi Sun

Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop-mt,l=Scobey MT 59263-0600, Date:5/26/2015

Date: 5/26/2015

Printed name of Authorized Officer or employee: Remi Sun

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-783-2358

Study Area Code of Reporting Carrier

482247

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 TEL COOP**

Signature of Authorized Officer or employee: **Mike Sheard**

Digitally signed by Mike Sheard DN:cn=Mike Sheard,email=accounting@northerntel.net,O=northern tel coop,l=Sunburst MT 59482, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Mike Sheard**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **406-937-9661**

Study Area Code of Reporting Carrier

**482248**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PROJECT TEL CO

Signature of Authorized Officer or employee: **Remi Sun**  
Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=project tel co,l=Scobey MT 59263-0600, Date:5/26/2015

Date: 5/26/2015

Printed name of Authorized Officer or employee: Remi Sun

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-783-2358

Study Area Code of Reporting Carrier

482250

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **RANGE TEL COOP-MT**

Signature of Authorized Officer or employee: **Mike Dolezal**

Digitally signed by Mike Dolezal DN:cn=Mike Dolezal,email=mike.dolezal@rangetel.coop,O=range tel coop-mt,l=Forsyth MT 59327, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Mike Dolezal**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **406-347-2226**

Study Area Code of Reporting Carrier

**482251**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SOUTHERN MONTANA TEL**

Signature of Authorized Officer or employee: **Larry Mason**

Digitally signed by Larry Mason DN:cn=Larry Mason,email=L.Mason@SMTel.com,O=southern montana tel,l=Wisdom MT 59761, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Larry Mason**

Title or position of Authorized Officer or employee: **Vice President/General Manager**

Telephone number of Authorized Officer or employee: **406-689-3333**

Study Area Code of Reporting Carrier

**482254**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **3-RIVERS TEL COOP**

Signature of Authorized Officer or employee: **Bradley Veis**

Digitally signed by Bradley Veis DN:cn=Bradley Veis,email=brad.veis@3rivers.coop,O=3-rivers tel coop,l=Fairfield MT 59436-0429, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Bradley Veis**

Title or position of Authorized Officer or employee: **Director of Finance/CFO**

Telephone number of Authorized Officer or employee: **406-467-4405**

Study Area Code of Reporting Carrier

**482255**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: TRIANGLE TEL COOP

Signature of Authorized Officer or employee: **Richard Stevens**  
Digitally signed by Richard Stevens DN:cn=Richard Stevens,email=rstevens@itstriangle.net,O=triangle tel coop,l=Havre MT 59501-1220, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer or employee: Richard Stevens

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 406-394-2000

Study Area Code of Reporting Carrier

482257

Filing Due Date for this form  
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BLACKFOOT TEL - CFT**

Signature of Authorized Officer or employee: **Stacey Mueller**

Digitally signed by Stacey Mueller DN:cn=Stacey Mueller,email=smueller@blackfoot.com,O=blackfoot tel - cft,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Stacey Mueller**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **406-541-5424**

Study Area Code of Reporting Carrier

**483308**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 MONTANA**

Signature of Authorized Officer or employee: **Richard Stevens**  
Digitally signed by Richard Stevens DN:cn=Richard Stevens,email=rstevens@itstriangle.net,O=central montana,l=Havre MT 59501-1220, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Richard Stevens**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **406-394-2000**

Study Area Code of Reporting Carrier

**483310**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MESCALERO APACHE**

Signature of Authorized Officer or employee: **Godfrey Enjady**  
Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache,I=Mescalero NM 88340, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **Godfrey Enjady**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **505-795-5555**

Study Area Code of Reporting Carrier

**491231**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **DELL TEL CO-OP - NM**

Signature of Authorized Officer or employee: **Marcy Guillen**  
Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@dellcity.com,O=dell tel co-op - nm,l= , Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Marcy Guillen**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **915-964-2352**

Study Area Code of Reporting Carrier

**492066**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 TEL COOP - NM**

Signature of Authorized Officer or employee: **Steven Metts**

Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop - nm,l=Willcox AZ 85644, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Steven Metts**

Title or position of Authorized Officer or employee: **CEO / General Manager**

Telephone number of Authorized Officer or employee: **520-384-2231**

Study Area Code of Reporting Carrier

**492176**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BACA VALLEY TEL CO**

Signature of Authorized Officer or employee: **Peggy Briesh**

Digitally signed by Peggy Briesh DN:cn=Peggy Briesh,email=bvtpb@bacavalley.com,O=baca valley tel co,l=Des Moines NM 88418-0067, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Peggy Briesh**

Title or position of Authorized Officer or employee: **Assistant Manager**

Telephone number of Authorized Officer or employee: **575-278-2101**

Study Area Code of Reporting Carrier

**492259**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

492262

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier					ENMR Telephone Cooperative - NM				
Signature of authorized officer				<i>David J. Robinson</i>		Date		05-26-2015	
Printed name of authorized officer					David J. Robinson				
Title or position of authorized officer					Chief Financial Officer/Assistant CEO				
Telephone number of authorized officer:					(575) 389-5100				
Study Area Code of Reporting Carrier			492262		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: **LA JICARITA RURAL**

Signature of Authorized Officer or employee: **Danny Gray**

Digitally signed by Danny Gray DN:cn=Danny Gray,email=dgray@lajicarita.com,O=la jicarita rural,l=Mora NM 87732-0269, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Danny Gray**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **575-387-2216**

Study Area Code of Reporting Carrier

**492263**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LEACO RURAL TEL COOP**

Signature of Authorized Officer or employee: **Dale Snider**

Digitally signed by Dale Snider DN:cn=Dale Snider,email=dsnider@leaco.org,O=leaco rural tel coop,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Dale Snider**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **575-433-4301**

Study Area Code of Reporting Carrier

**492264**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: Tularosa Basin Tel.

Signature of Authorized Officer or employee: Joshua Beug

Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbc.net,O=tularosa basin tel.,l= , Date:5/20/2015

Date: 5/20/2015

Printed name of Authorized Officer or employee: Joshua Beug

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 575-585-0125

Study Area Code of Reporting Carrier

492265

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 NEW MEXICO**

Signature of Authorized Officer or employee: **John Francis**  
Digitally signed by John Francis DN:cn=John Francis,email=jfrancis@wnmt.com,O=western new mexico,l=Silver City NM 88061, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **John Francis**

Title or position of Authorized Officer or employee: **Exec. Vice President**

Telephone number of Authorized Officer or employee: **575-535-2230**

Study Area Code of Reporting Carrier

**492268**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PENASCO VALLEY TEL**

Signature of Authorized Officer or employee: **Kevin Bartley**

Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel,l= , Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Kevin Bartley**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **575-748-1241**

Study Area Code of Reporting Carrier

**492270**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ROOSEVELT CNTY RURAL**

Signature of Authorized Officer or employee: **Cecile Archibeque**  
Digitally signed by Cecile Archibeque DN:cn=Cecile Archibeque,email=cecile@yuccatelecom.com,O=roosevelt cnty rural,l=Portales NM 88130-0867, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Cecile Archibeque**

Title or position of Authorized Officer or employee: **General Manager/EO**

Telephone number of Authorized Officer or employee: **575-226-2255**

Study Area Code of Reporting Carrier

**492272**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: SACRED WIND

Signature of Authorized Officer or employee: John Badal

Digitally signed by John Badal DN:cn=John Badal,email=jbadal@sacred-wind.com,O=sacred wind,l= , Date:5/20/2015

Date: 5/20/2015

Printed name of Authorized Officer or employee: John Badal

Title or position of Authorized Officer or employee: Chief Executive Officer

Telephone number of Authorized Officer or employee: 505-821-5080

Study Area Code of Reporting Carrier

493403

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **DIRECTCOMM-CEDAR VAL**

Signature of Authorized Officer or employee: **Kip Wilson**

Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=directcomm-cedar val,l=Rockland ID 83271, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Kip Wilson**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

**500758**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 UTAH TEL INC**

Signature of Authorized Officer or employee: **Mike Plows**  
Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc,|=  
 , Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Mike Plows**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **425-275-1013**

Study Area Code of Reporting Carrier

**502277**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **GUNNISON TEL CO**

Signature of Authorized Officer or employee: **Natalie Gleave**  
Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel co,l=Gunnison UT 84634, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Natalie Gleave**

Title or position of Authorized Officer or employee: **Controller/Director**

Telephone number of Authorized Officer or employee: **435-528-7236**

Study Area Code of Reporting Carrier

**502279**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MANTI TEL CO**

Signature of Authorized Officer or employee: **Dallas Cox**  
Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti tel co,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Dallas Cox**

Title or position of Authorized Officer or employee: **Vice President and General Manager**

Telephone number of Authorized Officer or employee: **435-835-3391**

Study Area Code of Reporting Carrier

**502282**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SKYLINE TELECOM**

Signature of Authorized Officer or employee: **Mike Plows**

Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,lc= , Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Mike Plows**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **425-275-1013**

Study Area Code of Reporting Carrier

**502283**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BEEHIVE TEL CO - UT**

Signature of Authorized Officer or employee: **Jacob Warner**

Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive tel co - ut, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Jacob Warner**

Title or position of Authorized Officer or employee: **President/General Manager**

Telephone number of Authorized Officer or employee: **435-837-6000**

Study Area Code of Reporting Carrier

**502284**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **SOUTH CENTRAL UTAH**

Signature of Authorized Officer or employee: **Michael East**

Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Michael East**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **435-826-4211**

Study Area Code of Reporting Carrier

**502286**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **UBTA-UBET/STRATA**

Signature of Authorized Officer or employee: **Karl Searle**

Digitally signed by Karl Searle DN:cn=Karl Searle,email=ksearle@stratanetworks.com,O=ubta-ubet/strata,I=Roosevelt UT 84066, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Karl Searle**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **435-622-5472**

Study Area Code of Reporting Carrier

**502287**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **ALL WEST COMM-UT**

Signature of Authorized Officer or employee: **Jenny Prescott**  
Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,l=Kamas UT 84036, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Jenny Prescott**

Title or position of Authorized Officer or employee: **VP Customer Service & Finance**

Telephone number of Authorized Officer or employee: **435-783-4913**

Study Area Code of Reporting Carrier

**502288**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **BEAR LAKE COMM**

Signature of Authorized Officer or employee: **Mike Plows**

Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake comm,l= , Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Mike Plows**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **425-275-1013**

Study Area Code of Reporting Carrier

**503032**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **RANGE TEL COOP - WY**

Signature of Authorized Officer or employee: **Mike Dolezal**  
Digitally signed by Mike Dolezal DN:cn=Mike Dolezal,email=mike.dolezal@rangetel.coop,O=range tel coop - wy,l=Forsyth MT 59327, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Mike Dolezal**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **406-347-2226**

Study Area Code of Reporting Carrier

**512251**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **CHUGWATER TEL CO**

Signature of Authorized Officer or employee: **James Moberly**  
Digitally signed by James Moberly DN:cn=James Moberly,email=jmoberly@mwtcorp.net,O=chugwater tel co,l=Chugwater WY 82210, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **James Moberly**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **307-422-3535**

Study Area Code of Reporting Carrier

**512289**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **ALL WEST COMM.-WY**

Signature of Authorized Officer or employee: **Jenny Prescott**  
Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm.-wy,l=Kamas UT 84036, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Jenny Prescott**

Title or position of Authorized Officer or employee: **VP Customer Service & Finance**

Telephone number of Authorized Officer or employee: **435-783-4913**

Study Area Code of Reporting Carrier

**512290**

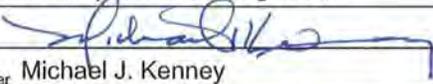
Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

512291

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 <b>Dubois Telephone Exchange, Inc.</b>			
Signature of authorized officer 		Date	<b>5/20/15</b>
Printed name of authorized officer <b>Michael J. Kenney</b>			
Title or position of authorized officer <b>Vice President/General Manager</b>			
Telephone number of authorized officer: <b>(307) 455-2341</b> , ext.			
Study Area Code of Reporting Carrier	<b>512291</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SILVER STAR TEL-WY

Signature of Authorized Officer or employee: **Jefferson England**  
Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel-wy,l=Freedom WY 83120, Date:5/27/2015

Date: 5/27/2015

Printed name of Authorized Officer or employee: Jefferson England

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 307-883-6675

Study Area Code of Reporting Carrier

512295

Filing Due Date for this form  
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WESTGATE dba WEA/TEL**

Signature of Authorized Officer or employee: **Richard Weaver**  
Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=rick@weavnet.com,O=westgate dba weavtel,l=Chelan WA 98816, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Richard Weaver**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **509-682-5556**

Study Area Code of Reporting Carrier

**520580**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SKYLINE TELECOM CO.**

Signature of Authorized Officer or employee: **Delinda Kluser**  
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=skyline telecom co.,l=Mt. Vernon OR 97865-0609, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

**520581**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **HAT ISLAND TEL CO**

Signature of Authorized Officer or employee: **Bruce Russell**  
Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=bruce.russell@whidbeytel.com,O=hat island tel co, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Bruce Russell**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **360-321-0086**

Study Area Code of Reporting Carrier

**522417**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

522418

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Pend Oreille Telephone Company			
Signature of authorized officer			Date		05/26/15		
Printed name of authorized officer				Michael J. Martell			
Title or position of authorized officer				Vice-President			
Telephone number of authorized officer:				(208) 366-2614 ext			
Study Area Code of Reporting Carrier		522418		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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: HOOD CANAL TEL CO

Signature of Authorized Officer or employee: **Richard Buechel**  
Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal tel co,l=Union WA 98592, Date:5/27/2015

Date: 5/27/2015

Printed name of Authorized Officer or employee: Richard Buechel

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 360-898-2481

Study Area Code of Reporting Carrier

522419

Filing Due Date for this form  
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **INLAND TEL CO -WA**

Signature of Authorized Officer or employee: **James Brooks**

Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel co -wa,l=Roslyn WA 98941, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **James Brooks**

Title or position of Authorized Officer or employee: **Treasurer/Controller/Reg. Manager**

Telephone number of Authorized Officer or employee: **509-649-2211**

Study Area Code of Reporting Carrier

**522423**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **KALAMA TEL CO**

Signature of Authorized Officer or employee: **Rick Vitzthum**  
Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama tel co,l=Tenino WA 98589, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Rick Vitzthum**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **360-264-3155**

Study Area Code of Reporting Carrier

**522426**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



522437

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <b>Pioneer Telephone Company</b>			
Signature of authorized officer 		Date	<b>5/15/2015</b>
Printed name of authorized officer <b>Durand Cox</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>509.549.3511 ext.</b>			
Study Area Code of Reporting Carrier	<b>522437</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ST. JOHN TEL.**

Signature of Authorized Officer or employee: **Gregory Morasch**  
Digitally signed by Gregory Morasch DN:cn=Gregory Morasch,email=gmorasch@stjohncable.com,O=st. john tel.,l=St. John WA 99171, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Gregory Morasch**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **509-648-3322**

Study Area Code of Reporting Carrier	<b>522442</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TENINO TELEPHONE CO**

Signature of Authorized Officer or employee: **Rick Vitzthum**

Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino telephone co,l=Tenino WA 98589, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Rick Vitzthum**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **360-264-3155**

Study Area Code of Reporting Carrier

**522446**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TOLEDO TELEPHONE CO**

Signature of Authorized Officer or employee: **Philip Cappalonga**  
Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Philip Cappalonga**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **360-864-2004**

Study Area Code of Reporting Carrier

**522447**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

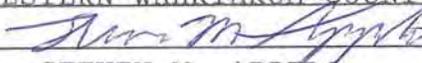
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

522451

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

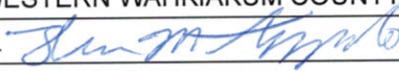
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				WESTERN WAHKIAKUM COUNTY TELEPHONE COMPANY			
Signature of authorized officer					Date	5-21-2015	
Printed name of authorized officer			STEVEN M. APPELO				
Title or position of authorized officer			PRESIDENT				
Telephone number of authorized officer:			(360) 465-2211 ext.				
Study Area Code of Reporting Carrier		522451	Filing Due Date for this form (mm/dd/yyyy)		6/16/2015		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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				WESTERN WAHAKIACUM COUNTY TELEPHONE COMPANY	
Signature of authorized officer				Date	03/23/2016
Printed name of authorized officer		STEVEN M. APPELO			
Title or position of authorized officer		PRESIDENT			
Telephone number of authorized officer:		(360) 465-2211 ext.			
Study Area Code of Reporting Carrier	522451	Filing Due Date for this form (mm/dd/yyyy)	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: WHIDBEY TEL CO.

Signature of Authorized Officer or employee: **Bruce Russell**  
Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=bruce.russell@whidbeytel.com,O=whidbey tel co.,l= , Date:5/26/2015

Date: 5/26/2015

Printed name of Authorized Officer or employee: Bruce Russell

Title or position of Authorized Officer or employee: Chief Operating Officer

Telephone number of Authorized Officer or employee: 360-321-0086

Study Area Code of Reporting Carrier

522452

Filing Due Date for this form  
(mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BEAVER CREEK COOP**

Signature of Authorized Officer or employee: **Paul Hauer**

Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@bctelco.com,O=beaver creek coop,l=Oregon City OR 97045, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Paul Hauer**

Title or position of Authorized Officer or employee: **CEO/President**

Telephone number of Authorized Officer or employee: **503-632-6314**

Study Area Code of Reporting Carrier

**532359**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CANBY TEL ASSN**

Signature of Authorized Officer or employee: **Paul Hauer**

Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby tel assn,I=Oregon City OR 97045, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Paul Hauer**

Title or position of Authorized Officer or employee: **CEO/President**

Telephone number of Authorized Officer or employee: **503-632-6314**

Study Area Code of Reporting Carrier

**532362**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 CREEK MUTUAL**

Signature of Authorized Officer or employee: **Mitchell Moore**  
Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual,j= , Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Mitchell Moore**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **503-631-2101**

Study Area Code of Reporting Carrier

**532363**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: COLTON TEL CO

Signature of Authorized Officer or employee: **Stephanie Sauvageau**  
Digitally signed by Stephanie Sauvageau DN:cn=Stephanie Sauvageau, email=stephanie@coltontel.com, O=colton tel co, I=Colton OR 97017, Date:5/18/2015

Date: 5/18/2015

Printed name of Authorized Officer or employee: Stephanie Sauvageau

Title or position of Authorized Officer or employee: Accountant

Telephone number of Authorized Officer or employee: 503-824-5863

Study Area Code of Reporting Carrier

532364

Filing Due Date for this form  
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **EAGLE TEL SYSTEMS**

Signature of Authorized Officer or employee: **Mike Lattin**

Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle tel systems,l=Richland OR 97870, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Mike Lattin**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **541-893-6111**

Study Area Code of Reporting Carrier

**532369**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 UTIL INC**

Signature of Authorized Officer or employee: **Brooke Wheeler**  
Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade util inc,l=Estacada OR 97023, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier

**532371**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **GERVAIS TELEPHONE CO**

Signature of Authorized Officer or employee: **John Hoffmann**  
Digitally signed by John Hoffmann DN:cn=John Hoffmann,email=jhoffmann@datavision.coop,O=gervais telephone co,l=Gervais OR 97026, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **John Hoffmann**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **503-792-3611**

Study Area Code of Reporting Carrier

**532373**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

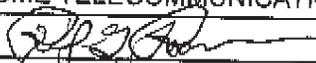
532375

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ROOME TELECOMMUNICATIONS INC**

Signature of authorized officer: 

Date: **5/21/15**

Printed name of authorized officer: **RANDAL L ROOME**

Title or position of authorized officer: **PRESIDENT**

Telephone number of authorized officer: **(541) 369-2211 ext.**

Study Area Code of Reporting Carrier	<b>532375</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **HELIX TEL CO.**

Signature of Authorized Officer or employee: **James Smith**

Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix tel co.,l=Helix OR 97385, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **James Smith**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **541-457-2385**

Study Area Code of Reporting Carrier

**532376**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 Company			
Signature of authorized officer			Date		05/19/2015		
Printed name of authorized officer				Delinda Kluser			
Title or position of authorized officer				Vice-Pres, Manager			
Telephone number of authorized officer:				(541) 932-4411 ext.			
Study Area Code of Reporting Carrier		532377		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: **TRANS-CASCADES TEL**

Signature of Authorized Officer or employee: **Brooke Wheeler**  
Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=trans-cascades tel,l=Estacada OR 97023, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier

**532378**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

532383

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <b>Molalla Communications</b>			
Signature of authorized officer 	Date	<b>5-26-2015</b>	
Printed name of authorized officer <b>Terry Simms</b>			
Title or position of authorized officer <b>Vice President/CFO</b>			
Telephone number of authorized officer: <b>(503) 829-1122</b>			
Study Area Code of Reporting Carrier	<b>532383</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MONITOR COOP TEL**

Signature of Authorized Officer or employee: **Geri Fraijo**

Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor coop tel, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Geri Fraijo**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **503-634-2266**

Study Area Code of Reporting Carrier

**532384**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MONROE TELEPHONE CO.**

Signature of Authorized Officer or employee: **Donna Dillard**

Digitally signed by Donna Dillard DN:cn=Donna Dillard,email=NECAaffairs@monroetel.com,O=monroe telephone co.,l=Monroe OR 97456, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Donna Dillard**

Title or position of Authorized Officer or employee: **Secretary - Treasurer**

Telephone number of Authorized Officer or employee: **541-847-5135**

Study Area Code of Reporting Carrier

**532385**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MT. ANGEL TEL CO.**

Signature of Authorized Officer or employee: **Paul Hauer**

Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=mt. angel tel co.,l=Oregon City OR 97045, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Paul Hauer**

Title or position of Authorized Officer or employee: **CEO/President**

Telephone number of Authorized Officer or employee: **503-632-6314**

Study Area Code of Reporting Carrier

**532386**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

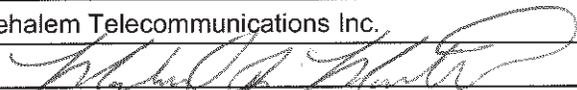
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

532387

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: <b>Nehalem Telecommunications Inc.</b>			
Signature of authorized officer: 		Date:	<b>05/26/15</b>
Printed name of authorized officer: <b>Michael J. Martell</b>			
Title or position of authorized officer: <b>Vice-President</b>			
Telephone number of authorized officer: <b>(208) 366-2614 ext.</b>			
Study Area Code of Reporting Carrier:	<b>532387</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 TEL CO.**

Signature of Authorized Officer or employee: **Delinda Kluser**  
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=north state tel co.,l=Mt. Vernon OR 97865-0609, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

**532388**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: OREGON TEL CORP

Signature of Authorized Officer or employee: **Delinda Kluser**  
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp,l=Mt. Vernon OR 97865-0609, Date:5/19/2015

Date: 5/19/2015

Printed name of Authorized Officer or employee: Delinda Kluser

Title or position of Authorized Officer or employee: Vice President, Manager

Telephone number of Authorized Officer or employee: 541-932-4411

Study Area Code of Reporting Carrier

532389

Filing Due Date for this form  
 (mm/dd/yyyy)

6/16/2015

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: OREGON-IDAHO UTIL.

Signature of Authorized Officer or employee: Justin Perez  
Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho util.,I=Nampa ID 83653, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer or employee: Justin Perez

Title or position of Authorized Officer or employee: Controller / Corporate Secretary

Telephone number of Authorized Officer or employee: 208-461-7802

Study Area Code of Reporting Carrier

532390

Filing Due Date for this form (mm/dd/yyyy)

6/16/2015

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **PEOPLES TEL CO. - OR**

Signature of Authorized Officer or employee: **Curt Thornton**  
Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=peoples tel co. - or,l=Stayton OR 97383, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Curt Thornton**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **503-769-2121**

Study Area Code of Reporting Carrier

**532391**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 TEL SYSTEM INC.**

Signature of Authorized Officer or employee: **Delinda Kluser**

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=pine tel system inc.,l=Mt. Vernon OR 97865-0609, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

**532392**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PIONEER TEL COOP**

Signature of Authorized Officer or employee: **Michael Whalen**  
Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneer.net,O=pioneer tel coop,l=Philomath OR 97370-0631, Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Michael Whalen**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **541-929-8256**

Study Area Code of Reporting Carrier

**532393**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **ST PAUL COOP ASSN**

Signature of Authorized Officer or employee: **Nick Schneider**  
Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st paul coop assn,l=St. Paul OR 97137, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Nick Schneider**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **503-633-2111**

Study Area Code of Reporting Carrier

**532396**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SCIO MUTUAL TEL ASSN

Signature of Authorized Officer or employee: **Thomas Barth**

Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tbarth@smt-net.com,O=scio mutual tel assn,l=Scio OR 97374, Date:5/21/2015

Date: 5/21/2015

Printed name of Authorized Officer or employee: Thomas Barth

Title or position of Authorized Officer or employee: CEO/General Manager

Telephone number of Authorized Officer or employee: 503-394-3366

Study Area Code of Reporting Carrier

532397

Filing Due Date for this form  
(mm/dd/yyyy)

6/16/2015

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **STAYTON COOP TEL CO**

Signature of Authorized Officer or employee: **Curt Thornton**  
Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=stayton coop tel co,l=Stayton OR 97383, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Curt Thornton**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **503-769-2121**

Study Area Code of Reporting Carrier

**532399**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: OREGON TEL CORP-MTE

Signature of Authorized Officer or employee: **Delinda Kluser**  
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte,I=Mt. Vernon OR 97865-0609, Date:5/19/2015

Date: 5/19/2015

Printed name of Authorized Officer or employee: Delinda Kluser

Title or position of Authorized Officer or employee: Vice President, Manager

Telephone number of Authorized Officer or employee: 541-932-4411

Study Area Code of Reporting Carrier

533336

Filing Due Date for this form  
 (mm/dd/yyyy)

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

542301

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier					Calaveras Telephone Company					
Signature of authorized officer				Date		5/26/2015				
Printed name of authorized officer					Louis Cherniss					
Title or position of authorized officer					Chief Financial Officer					
Telephone number of authorized officer:					(209) 785-2211, ext.					
Study Area Code of Reporting Carrier			542301		Filing Due Date for this form (mm/dd/yyyy)		6/16/2015			
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>										

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CAL-ORE TELEPHONE CO**

Signature of Authorized Officer or employee: **Waihun Yee**

Digitally signed by Waihun Yee DN:cn=Waihun Yee,email=waihun@calore.net,O=cal-ore telephone co,l=Dorris CA 96023-0847, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Waihun Yee**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **530-397-2211**

Study Area Code of Reporting Carrier

**542311**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **DUCOR TELEPHONE CO**

Signature of Authorized Officer or employee: **Eric Wolfe**

Digitally signed by Eric Wolfe DN:cn=Eric Wolfe,email=egwolfe@ducortelco.com,O=ducor telephone co,l=Bakersfield CA 93384-2230, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Eric Wolfe**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **661-834-7700**

Study Area Code of Reporting Carrier

**542313**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

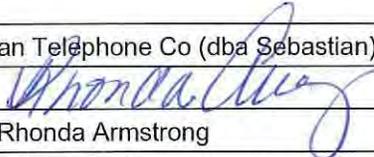
542318

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier <b>Foresthill Telephone Co (dba Sebastian)</b>				
Signature of authorized officer <i>Rhonda Armstrong</i>			Date	5/27/15
Printed name of authorized officer <b>Rhonda Armstrong</b>				
Title or position of authorized officer <b>Vice-President Operations</b>				
Telephone number of authorized officer: <b>(559) 846-7780</b> , ext.				
Study Area Code of Reporting Carrier	<b>542318</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

542324

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Kerman Telephone Co (dba Sebastian)				
Signature of authorized officer 			Date	5/27/15
Printed name of authorized officer Rhonda Armstrong				
Title or position of authorized officer Vice-President Operations				
Telephone number of authorized officer: (559) 846-7780 ext.				
Study Area Code of Reporting Carrier	542324	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

542332

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 Ponderosa Telephone Co.			
Signature of authorized officer			<i>Kristann Mattes</i>		Date		5-21-2015
Printed name of authorized officer			Kristann Mattes				
Title or position of authorized officer			President				
Telephone number of authorized officer:			(559) 868-6346 ext.				
Study Area Code of Reporting Carrier		542332	Filing Due Date for this form (mm/dd/yyyy)		6/16/2015		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SIERRA TELEPHONE CO**

Signature of Authorized Officer or employee: **Cindy Huber**

Digitally signed by Cindy Huber DN:cn=Cindy Huber,email=cindyh@stcg.net,O=sierra telephone co,l=Oakhurst CA 93644, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Cindy Huber**

Title or position of Authorized Officer or employee: **Vice President Operations**

Telephone number of Authorized Officer or employee: **559-642-0209**

Study Area Code of Reporting Carrier

**542338**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>				
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>				
Name of Reporting Carrier <b>Siskiyou Telephone Company</b>				
Signature of authorized officer <i>James T. Lowers</i>		Date		<b>05/20/2015</b>
Printed name of authorized officer <b>James T. Lowers</b>				
Title or position of authorized officer <b>President</b>				
Telephone number of authorized officer: <b>(530) 467-6000</b>				
Study Area Code of Reporting Carrier		<b>542339</b>	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	<b>6/16/2015</b>
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **VOLCANO TEL CO**

Signature of Authorized Officer or employee: **Brenda Shepard**  
Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano tel co,l= , Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **Brenda Shepard**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **209-296-1447**

Study Area Code of Reporting Carrier

**542343**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PINNACLES TEL CO**

Signature of Authorized Officer or employee: **Steven Bryan**

Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles tel co, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Steven Bryan**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **831-389-4500**

Study Area Code of Reporting Carrier

**542346**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FILER MUTUAL TEL -NV**

Signature of Authorized Officer or employee: **Steve Cowger**

Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -nv,l=Filer ID 83328, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Steve Cowger**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **208-326-4339**

Study Area Code of Reporting Carrier

**552220**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

552233

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

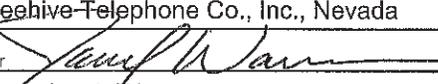
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Rural Telephone Company - NV	
Signature of authorized officer			Date		05/26/15
Printed name of authorized officer			Michael J. Martell		
Title or position of authorized officer			Vice-President		
Telephone number of authorized officer:			(208) 366-2614 ext.		
Study Area Code of Reporting Carrier		552233	Filing Due Date for this form (mm/dd/yyyy)		6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

552284

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>Beehive Telephone Co., Inc., Nevada</u>			
Signature of authorized officer: <u></u>		Date:	<u>05/19/2015</u>
Printed name of authorized officer: <u>Jacob Warner</u>			
Title or position of authorized officer: <u>President/ General Manager</u>			
Telephone number of authorized officer: <u>(435) 837-6000</u>			
Study Area Code of Reporting Carrier	<u>552284</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</u>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CHURCHILL-CC COMM.**

Signature of Authorized Officer or employee: **Mark Feest**

Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@corp.ccomm.net,O=churhill-cc comm.,l=Fallon NV 89407, Date:5/22/2015

Date: **5/22/2015**

Printed name of Authorized Officer or employee: **Mark Feest**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **775-423-7654**

Study Area Code of Reporting Carrier

**552349**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LINCOLN CTY TEL SYS**

Signature of Authorized Officer or employee: **John Christian, III**  
Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys,I=Plوحة NV 89043, Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **John Christian, III**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **775-962-5131**

Study Area Code of Reporting Carrier

**552351**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MOAPA VALLEY TEL CO.**

Signature of Authorized Officer or employee: **John Lyon**  
Digitally signed by John Lyon DN:cn=John Lyon,email=john@mvtel.com,O=moapa valley tel co.,l=Overton NV 89040-0365, Date:5/27/2015

Date: **5/27/2015**

Printed name of Authorized Officer or employee: **John Lyon**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **702-397-2225**

Study Area Code of Reporting Carrier

**552353**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **RIO VIRGIN TEL CO**

Signature of Authorized Officer or employee: **Brooke Wheeler**  
Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin tel co,l=Estacada OR 97023, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier

**552356**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **HUMBOLDT TEL CO**

Signature of Authorized Officer or employee: **Justin Perez**  
Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt tel co,I=Nampa ID 83653, Date:5/21/2015

Date: **5/21/2015**

Printed name of Authorized Officer or employee: **Justin Perez**

Title or position of Authorized Officer or employee: **Controller / Corporate Secretary**

Telephone number of Authorized Officer or employee: **208-461-7802**

Study Area Code of Reporting Carrier

**553304**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ADAK TEL UTILITY**

Signature of Authorized Officer or employee: **Andilea Weaver**  
Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adaktu tel utility,l= , Date:5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **Andilea Weaver**

Title or position of Authorized Officer or employee: **Vice President/COO**

Telephone number of Authorized Officer or employee: **907-222-0844**

Study Area Code of Reporting Carrier	<b>610989</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ARCTIC SLOPE TEL**

Signature of Authorized Officer or employee: **Clover McNeil**

Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel, Date:5/20/2015

Date: **5/20/2015**

Printed name of Authorized Officer or employee: **Clover McNeil**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **907-564-2680**

Study Area Code of Reporting Carrier

**613001**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BETTLES TEL CO INC**

Signature of Authorized Officer or employee: **Michael Garrett**  
Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=bettles tel co inc,l=Port Townsend WA 98368, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Michael Garrett**

Title or position of Authorized Officer or employee: **COO - Executive VP**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier

**613002**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BRISTOL BAY TEL COOP**

Signature of Authorized Officer or employee: **Todd Hoppe**

Digitally signed by Todd Hoppe DN:cn=Todd Hoppe,email=manager@bristolbay.com,O=bristol bay tel coop,l=King Salmon AK 99613, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Todd Hoppe**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **907-246-3403**

Study Area Code of Reporting Carrier

**613003**

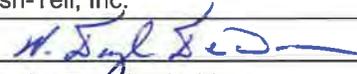
Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

613004

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: <b>Bush-Tell, Inc.</b>					
Signature of authorized officer: 			Date: <b>05-27-2015</b>		
Printed name of authorized officer: <b>W. Douglas DeVore</b>					
Title or position of authorized officer: <b>V.P. / Asst. Gen. Mgr,</b>					
Telephone number of authorized officer: <b>(907) 675-4311<sub>ext.</sub></b>					
Study Area Code of Reporting Carrier		<b>613004</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CIRCLE TEL & ELEC**

Signature of Authorized Officer or employee: **David Masephol**  
Digitally signed by David Masephol DN: cn=David Masephol, email=damasephol@gmail.com, O=Circle tel & elec, I=Circle AK 99733, Date: 5/18/2015

Date: **5/18/2015**

Printed name of Authorized Officer or employee: **David Masephol**

Title or position of Authorized Officer or employee: **Member Owner**

Telephone number of Authorized Officer or employee: **907-773-5500**

Study Area Code of Reporting Carrier

**613005**

Filing Due Date for this form  
 (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **COPPER VALLEY TEL**

Signature of Authorized Officer or employee: **Pamla Murphy**

Digitally signed by Pamla Murphy DN:cn=Pamla Murphy,email=pmurphy@cvtc.org,O=copper valley tel,l=Valdez AK 99686, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Pamla Murphy**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **907-835-2231**

Study Area Code of Reporting Carrier

**613006**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <b>Cordova Telephone Cooperative, Inc.</b>				
Signature of authorized officer <i>Paul Kelly</i>			Date	<b>05-26-2015</b>
Printed name of authorized officer <b>Paul Kelly</b>				
Title or position of authorized officer <b>General Manager/ CEO</b>				
Telephone number of authorized officer: <b>(907) 424-2345</b>				
Study Area Code of Reporting Carrier	<b>613007</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **INTERIOR TEL CO INC**

Signature of Authorized Officer or employee: **Brett Carter**

Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior tel co inc,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Brett Carter**

Title or position of Authorized Officer or employee: **VP/Controller**

Telephone number of Authorized Officer or employee: **907-563-2003**

Study Area Code of Reporting Carrier

**613011**

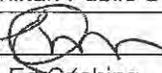
Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

613013

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 <b>Ketchikan Public Utilities</b>			
Signature of authorized officer		Date	<b>5/27/15</b>
Printed name of authorized officer <b>Ed Cushing</b>			
Title or position of authorized officer <b>KPU Division Manager</b>			
Telephone number of authorized officer: <b>(907) 228-5421 ext.</b>			
Study Area Code of Reporting Carrier	<b>3013</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MATANUSKA TEL ASSOC**

Signature of Authorized Officer or employee: **Wanda Tankersley**  
Digitally signed by Wanda Tankersley DN:cn=Wanda Tankersley,email=wtankersley@mta-telco.com,O=matanuska tel assoc, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Wanda Tankersley**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **907-761-2654**

Study Area Code of Reporting Carrier

**613015**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **MUKLUK TEL CO INC**

Signature of Authorized Officer or employee: **Brett Carter**  
Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=mukluk tel co inc,l= , Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Brett Carter**

Title or position of Authorized Officer or employee: **VP/Controller**

Telephone number of Authorized Officer or employee: **907-563-2003**

Study Area Code of Reporting Carrier

**613016**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: ALASKA TEL CO

Signature of Authorized Officer or employee: **Michael Garrett**  
Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=alaska tel co,l=Port Townsend WA 98368, Date:5/26/2015

Date: 5/26/2015

Printed name of Authorized Officer or employee: Michael Garrett

Title or position of Authorized Officer or employee: COO - Executive VP

Telephone number of Authorized Officer or employee: 360-385-1733

Study Area Code of Reporting Carrier	613017		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **NUSHAGAK ELEC & TEL**

Signature of Authorized Officer or employee: **Michael Megli**  
Digitally signed by Michael Megli DN:cn=Michael Megli,email=mmegli@nushagak.coop,O=nushagak elec & tel,l=Dillingham AK 99576, Date:5/15/2015

Date: **5/15/2015**

Printed name of Authorized Officer or employee: **Michael Megli**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **907-842-5251**

Study Area Code of Reporting Carrier

**613018**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **OTZ TEL COOPERATIVE**

Signature of Authorized Officer or employee: **Doug Neal**

Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz tel cooperative,l=Kolzebue AK 99752, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Doug Neal**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **907-442-1000**

Study Area Code of Reporting Carrier

**613019**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

613025

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 Telephone Co, Inc.			
Signature of authorized officer 		Date	5/26/2015
Printed name of authorized officer Craig Mollerstuen			
Title or position of authorized officer Vice President			
Telephone number of authorized officer: (907) 273-5217 ext.			
Study Area Code of Reporting Carrier	613025	Filing Due Date for this form (mm/dd/yyyy)	6/16/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **NORTH COUNTRY TEL CO**

Signature of Authorized Officer or employee: **Michael Garrett**  
Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=north country tel co,l=Port Townsend WA 98368, Date:5/26/2015

Date: **5/26/2015**

Printed name of Authorized Officer or employee: **Michael Garrett**

Title or position of Authorized Officer or employee: **COO - Executive VP**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier

**613026**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

613028

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

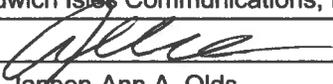
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier				The Summit Telephone & Telegraph Co. of Alaska			
Signature of authorized officer			<i>Jamie Kline</i>		Date		05/26/15
Printed name of authorized officer			Jamie Kline				
Title or position of authorized officer			Secretary/Treasurer				
Telephone number of authorized officer: (907) 389-1012 ext.							
Study Area Code of Reporting Carrier		613028		Filing Due Date for this form (mm/dd/yyyy)		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>							

623021

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
<p>Name of Reporting Carrier <b>Sandwich Isles Communications, Inc.</b></p>			
<p>Signature of authorized officer </p>		Date	<b>5/27/15</b>
<p>Printed name of authorized officer <b>Jarreen-Ann A. Olds</b></p>			
<p>Title or position of authorized officer <b>President</b></p>			
<p>Telephone number of authorized officer: <b>(808) 524-8400</b></p>			
Study Area Code of Reporting Carrier	<b>623021</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2015</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **TELEGUAM HOLDINGS**

Signature of Authorized Officer or employee: **John Brady**

Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,l= , Date:5/19/2015

Date: **5/19/2015**

Printed name of Authorized Officer or employee: **John Brady**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **671-644-0013**

Study Area Code of Reporting Carrier

**663800**

Filing Due Date for this form (mm/dd/yyyy)

**6/16/2015**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

673900

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
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Name of Reporting Carrier <u>Am. Samoa Telecomm. Authority</u>			
Signature of authorized officer <u><i>Alex Sene Jr.</i></u>		Date	<u>05/27/2015</u>
Printed name of authorized officer <u>Alex Sene Jr.</u>			
Title or position of authorized officer <u>Acting CEO</u>			
Telephone number of authorized officer: <u>684) 699-1121</u> ext. <u>211</u>			
Study Area Code of Reporting Carrier	<u>673900</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2015</u>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Fairpoint

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

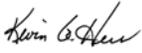
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>See Attached List</b>			
Signature of authorized officer <i>Michael T. Skrivan</i>		Date	5/27/15
Printed name of authorized officer <b>Michael T. Skrivan</b>			
Title or position of authorized officer <b>Vice President, Regulatory</b>			
Telephone number of authorized officer: <b>(207) 535-4150</b>			
Study Area Code of Reporting Carrier	<i>See attached list</i>	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>			

## FairPoint Company Listing

Study Area	Company Name
150073	Berkshire Telephone Company NY
462192	Big Sandy Telecom, Inc.
150078	Chautauqua & Erie Tel. Corp.
431981	Chouteau Telephone Company
462204	Columbine Telecom Company
300604	Columbus Grove Telephone Company
100015	Community Service Telephone Company
341009	C-R Telephone Company
341004	El Paso Telephone Company
522412	Ellensburg Telephone Company
421472	FairPoint Communications Missouri, Inc.
300618	Germantown Independent Tel. Co.
210291	GTC, Inc. FL Florala
210329	GTC, Inc. FL Perry
210339	GTC, Inc. FL St Joe
170185	Marianna-Scenery Hill Tel. Co.
341065	Odin Telephone Exchange, Inc.
300649	Orwell Telephone Company
190244	Peoples Mutual Telephone Company, Inc.
411835	Sunflower Telephone Co/Bluestem Telephone Co.
461835	Sunflower Telephone Company, Inc.
150084	Taconic Telephone Corp.
170145	The Bentleyville Telephone Company
522453	YCOM Networks, Inc.

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier		<b>See TDS Telecom ILEC Listing Below</b>			
Signature of Authorized Officer			Date 05/27/2015		
Printed name of Authorized Officer		Kevin G. Hess			
Title or position of Authorized Officer		Executive Vice President			
Telephone number of Authorized Officer.		(608)664-4160 ext. _ _ _ _			
Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

**See attachment 1 for listing of TDS Telecom ILECs**

Attachment 1

300585	Arcadia Telephone Company	522430	McDaniel Telephone Company
532404	Asotin Telephone Company-OR	320788	MERCHANTS & FARMERS
522404	Asotin Telephone Company-WA	361413	Mid-State Telephone Company dba KMP
230469	Barnardsville Telephone Company	432010	Mid-America Telephone, Inc
330849	Black Earth Telephone Company, LLC	330915	MosineeTelephone Company, LLC
330851	Bonduel Telephone Company, LLC	287449	Myrtle Telephone Company, Inc
330856	Burlington, Brighton and Wheatland Telephone Company, LLC	193029	New Castle Telephone Company
280448	Calhoun City Telephone Company, Inc	140061	Northfield Telephone Company
320744	Camden Telephone Company, Inc	240535	Norway Telephone Company, Inc
310685	Chatham Telephone Company	250311	Oakman Telephone Company, Inc
401698	Cleveland County Telephone Company, Inc	300645	Oakwood Telephone Company
100005	Cobbosseecontee Telephone Company	150114	Oriskany Falls Telephone Corporation
310672	Communication Corporation of Michigan	140062	Perkinsville Telephone Company, Inc
320809	Communications Corporation of Southern Indiana	150118	Port Byron Telephone Company
300607	Continental Telephone Company	472230	Potlatch Telephone Company
401699	Decatur Telephone Company, Inc	320816	S and W Telephone Company, Inc
150089	Deposit Telephone Company, Inc	260417	Salem Telephone Company
330875	Dickeyville Telephone, LLC	230498	Saluda Mountain Telephone Company
330914	EastCoast Telecom of Wisconsin, LLC	330945	Scandinavia Telephone Company, LLC
150092	Edwards Telephone Company, Inc	330952	Southeast Telephone Co. of Wisconsin, LLC
330880	The Farmers Telephone Company, LLC	230500	Service Telephone Company
330930	Grantland Telecom, LLC	310726	Shiawassee Telephone Company
100010	Hampden Telephone Company	283301	Southeast Mississippi Telephone Company, Inc
542321	Happy Valley Telephone Company	240544	St. Stephen Telephone Company
100011	Hartland and St Albans Telephone Company	330955	The State Long Distance Telephone Company, LLC
320777	The Home Telephone Company of Pittsboro, Inc	170206	Sugar Valley Telephone Company
320778	Home Telephone Company, Inc	330958	Tenney Telephone Company, LLC
542322	Hornitos Telephone Co	150129	Township Telephone Company, Inc
290566	Humphreys County Telephone Company	300662	The Vanlue Telephone Company
100007	The Island Telephone Company	150133	Vernon Telephone Company, Inc
310677	Island Telephone Company	100031	Warren Telephone Company
522427	Lewis River Telephone Company, Inc	100034	The West Penobscot Telephone and Telegraph Company
260412	Lewisport Telephone Company	320837	West Point Telephone
300613	Little Miami Communications Corporation	361507	Winsted Telephone Company
140058	Ludlow Telephone Company	542323	Winterhaven Telephone Company
170183	Mahanoy and Mahantango Telephone Company	310738	Wolverine Telephone Company
240533	McClellanville Telephone Company, Inc	432034	Wyandotte Telephone Company