

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

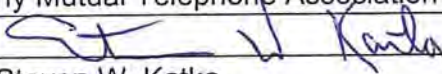
|   |  |        |  |   |           |
|---|--|--------|--|---|-----------|
| Name of Reporting Carrier               |  |        |  | Winnebago Cooperative Telecom Association |           |
| Signature of authorized officer         |  |        | Date                                       |   | 5/15/2015 |
| 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                                 |           |

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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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| <b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>  |        |  |  |   |  |
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| <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: <span style="color: blue;">ACE TEL ASSN-MN</span></p>  |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Todd Roesler</span></p>   |        |  |  | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Todd Roesler</span></p>  |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-896-6292</span></p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 361346 |  | 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>   |        |  |  |   |  |

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| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |        |   |           |           |
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| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). |        |   |           |           |
| 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 <small>ext.</small>  |        |   |           |           |
| Study Area Code of Reporting Carrier  | 361347 | Filing Due Date for this form<br>(mm/dd/yyyy) | 6/16/2015 |           |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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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| <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>WILDERNESS VALLEY</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Robert Riddell</b></p>  |               |  |  | <p>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=wilderness valley, Date:5/19/2015</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Robert Riddell</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>CEO</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>218-488-6565</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>361348</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>  |               |  |  |  |  |



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| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |   |  |
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| <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>CITY OF BARNESVILLE</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Guy Swenson</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/18/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Guy Swenson</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>TEC Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>218-354-2292</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>361353</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>  |               |  |  |   |  |

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

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

|  |  |        |   |                                      |           |
|--|--|--------|---|--------------------------------------|-----------|
| Name of Reporting Carrier  |  |        |   | Benton 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                                |                                      |           |
| Study Area Code of Reporting Carrier   |  | 361356 | Filing Due Date for this form<br>(mm/dd/yyyy) |                                      | 5/18/2015 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |        |   |                                      |           |

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| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |   |  |
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| <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>CALLAWAY TEL CO</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>  |               |  |  | <p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel co, Inc., Date:5/19/2015</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>361365</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>  |  |
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| <p>Name of Reporting Carrier: <b>CLARA CITY TEL EXCH</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>  |               |  |  | <p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=clara city tel exch, = , Date:5/21/2015</p> |  |
| <p>Date: <b>5/21/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>320-847-2211</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>361370</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>  |  |
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| Name of Reporting Carrier: CLEMENTS TEL CO   |        |  |  |  |  |
| Signature of Authorized Officer or employee: Staci Malikowski  |        |  |  | <small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel co, Inc., Date:5/19/2015</small><br>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  |  |        | 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: <b>ARROWHEAD COMM CORP</b>  |               |  |  |                        |  |
| Signature of Authorized Officer or employee: <b>Staci Malikowski</b><br><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=arrowhead comm corp, Date: 5/19/2015</small>   |               |  |  | Date: <b>5/19/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Staci Malikowski</b>  |               |  |  |                        |  |
| Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>  |               |  |  |                        |  |
| Telephone number of Authorized Officer or employee: <b>218-346-8498</b>  |               |  |  |                        |  |
| 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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| <p>Name of Reporting Carrier: <b>DUNNELL TEL CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Charles Mattingly</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/27/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Charles Mattingly</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Managing Member</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>903-663-0099</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>361381</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>   |  |
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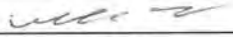
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| <p>Name of Reporting Carrier: <b>EAGLE VALLEY TEL CO</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Staci Malinkowski</b></p>   |               |  |  | <p>Digitally signed by Staci Malinkowski DN:cn=Staci Malinkowski,email=staci.malinkowski@arvig.com,O=eagle valley tel co, = , Date:5/19/2015</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Staci Malinkowski</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>361383</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>   |  |
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| <p>Name of Reporting Carrier: <b>EAST OTTER TAIL TEL</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Staci Malinkowski</b></p>   |               |  |  | <p>Digitally signed by Staci Malinkowski DN:cn=Staci Malinkowski,email=staci.malinkowski@arvig.com,O=east otter tail tel, Date:5/19/2015</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Staci Malinkowski</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>   |               |  |  |  |  |
| 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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| <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>Eckles Telephone Company</b>  |               |  |                  |                  |
| Signature of authorized officer   |               |  | 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> , ext.   |               |  |                  |                  |
| 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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| 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: EMILY COOP TEL CO   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Josh Netland <div> <small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop tel co,l=Emily MN 56447, Date:5/26/2015</small> </div>  |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |                 |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |               |  |  |   |  |
| <p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Kevin Beyer</b></p>   |               |  |  | <p>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kbeyer@fedtel.net,O=farmers mutual tel,l= , Date:5/20/2015</p> |  |
| <p>Date: <b>5/20/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Kevin Beyer</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>320-568-2105</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>361389</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> |        |  |  |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">FEDERATED TEL COOP</span></p>   |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Kevin Beyer</span></p>  |        |  |  | <p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kbeyer@fedtel.net,O=federated tel coop,l=Chokio MN 56221, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kevin Beyer</span></p>   |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-324-7111</span></p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 361390 |  | 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

| <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: <span style="color: blue;">FELTON TEL CO. INC.</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span></p>   |  |  |   | <p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=felton tel co. inc.,l= , Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">361391</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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>Garden Valley Telephone Company</b>   |  |               |  |              |
| Signature of authorized officer <i>Joe O. Sandberg</i>   |  |               | Date                                       | May 18, 2015 |
| Printed name of authorized officer <b>Joe O. Sandberg</b>  |  |               |  |              |
| Title or position of authorized officer <b>Treasurer</b>   |  |               |  |              |
| Telephone number of authorized officer: <b>(218) 687-2400</b>  |  |               |  |              |
| Study Area Code of Reporting Carrier   |  | <b>361395</b> | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015    |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |  |               |  |              |



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |        |  |  |                 |  |
| Name of Reporting Carrier: GARDONVILLE COOP TEL  |        |  |  |                 |  |
| Signature of Authorized Officer or employee: David Wolf <div> <small>Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop tel,lc=, Date:5/22/2015</small> </div>   |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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  |  |        |  | 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

| <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: <span style="color: blue;">FEDERATED TEL COOP</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Kevin Beyer</span></p>  |  |  |   | <p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kbeyer@fedtel.net,O=federated tel coop,l=Chokio MN 56221, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kevin Beyer</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-324-7111</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">361403</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">HARMONY TEL CO</span></p>   |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Lorren Tingesdal</span></p>   |        |  |  | <p><small>Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabelltel.coop,O=harmony tel co,l=Harmony MN 55939, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Lorren Tingesdal</span></p>  |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>  |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-886-2525</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 361404 |  | 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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>ALLIANCE-HILLS MN</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Kari Flanagan</b></p>   |               |  |  | <p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills mn,l=Garretson SD 57030, Date:5/18/2015</p> |  |
| <p>Date: <b>5/18/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Kari Flanagan</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>CFO</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>605-594-8228</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>361405</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>HOME TEL CO - MN</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>  |               |  |  | <p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=home tel co - mn, Date:5/19/2015</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>361408</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   |        |  |  |   |  |
|--|--------|--|--|---|--|
| <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: HUTCHINSON TEL CO</p>  |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: Curt Kawlewski</p>   |        |  |  | <p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=hutchinson tel co,l= , Date:5/18/2015</p> |  |
| <p>Date: 5/18/2015</p>   |        |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: Curt Kawlewski</p>  |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: 507-233-4172</p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 361409 |  | 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 Johnson Telephone Company

Signature of authorized officer *Donna Gunderson* 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) 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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>KASSON &amp; MANTORVILLE</b>   |               |  |  |  |  |
| Signature of Authorized Officer or employee: <b>Beth Tollefson</b>   |               |  |  | <small>Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=tollef@kmtel.com,O=kasson &amp; mantorville,l= , Date:5/18/2015</small><br>Date: <b>5/18/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Beth Tollefson</b>  |               |  |  |  |  |
| Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>  |               |  |  |  |  |
| Telephone number of Authorized Officer or employee: <b>507-634-2511</b>  |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>361412</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> |        |  |  |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">LISMORE COOP TEL CO</span></p>  |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Tarri Joens</span></p>  |        |  |  | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tarri Joens</span></p>   |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span></p>   |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-472-8748</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 361419 |  | 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).

|  |         |   |           |
|--|---------|---|-----------|
| M I d neQdngm B' qtdq Lonsdale Telephone Co., Inc.   |         |   |           |
| Rf m d q ne' t gndydc nstbdq   |         | C' d 5/21/2015                          |           |
| Qmde m I d ne' t gndydc nstbdq   |         | Bonnie Simon                            |           |
| Std ngonrtmne' t gndydc nstbdq   |         | President                               |           |
| Sldogm m I adqne' t gndydc nstbdq  |         | (507) 744-2311                          |           |
| Rd cx @p' Bnd neQdngm B' qtdq  | 36-1422 | Elm Ctd C' d enqle end<br>'I I .cc.xxxx | 6/16/2015 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |         |   |           |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |        |  |           |            |
|---|--------|--|-----------|------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 |            |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>Name of Reporting Carrier: <b>MABEL COOP TEL - MN</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Lorren Tingesdal</b></p>  |               |  |  | <p>Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabeltel.coop,O=mabel coop tel - mn,l=Mabel MN 55954-0368, Date:5/18/2015</p> |  |
| <p>Date: <b>5/18/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Lorren Tingesdal</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>507-493-5411</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>361424</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   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <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: CHRISTENSEN COMM CO   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Andy Hennis <div> <small>Digitally signed by Andy Hennis DN:cn=Andy Hennis,email=andyh@chriscomco.net,O=christensen comm co,l= , Date:5/18/2015</small> </div>  |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |                 |  |

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>MELROSE TEL CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>  |               |  |  | <p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=melrose tel co,l= , Date:5/19/2015</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>361430</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>MIDWEST TEL CO</b>   |               |  |  |  |  |
| Signature of Authorized Officer or employee: <b>Staci Malikowski</b>   |               |  |  | <small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=midwest tel co,l= , Date:5/19/2015</small><br>Date: <b>5/19/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Staci Malikowski</b>  |               |  |  |  |  |
| Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>  |               |  |  |  |  |
| Telephone number of Authorized Officer or employee: <b>218-346-8498</b>  |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>361431</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MINNESOTA VALLEY TEL</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Danny Busche</span></p>  |  |  |   | <p><small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=minnesota valley tel,l=Franklin MN 55333, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Danny Busche</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-557-2275</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">361439</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">NEW ULM TELECOM, INC</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Curt Kawlewski</span></p>   |  |  |   | <p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=new ulm telecom, inc., Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Kawlewski</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-233-4172</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">361442</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>LORETEL SYSTEMS, INC</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>  |               |  |  | <p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=loretel systems, inc, Date:5/19/2015</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>361443</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |               |  |  |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">OSAKIS TEL CO</span></p>  |  |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span></p>   |  |  |  | <p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=osakis tel co,lc= , Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span></p>  |  |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>  |  |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span></p>  |  |  |  |  |  |
| Study Area Code of Reporting Carrier   | <span style="color: blue;">361448</span> |  | Filing Due Date for this form (mm/dd/yyyy) | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |  |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">PARK REGION MUTUAL</span></p>   |  |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Dave Bickett</span></p>   |  |  |  | <p><small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual,l=Underwood MN 56586-0277, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dave Bickett</span></p>  |  |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>  |  |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-826-6161</span></p>  |  |  |  |  |  |
| Study Area Code of Reporting Carrier   | <span style="color: blue;">361450</span> |  | Filing Due Date for this form (mm/dd/yyyy) | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |  |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">PAUL BUNYAN RURAL</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Dave Schultz</span></p>   |  |  |   | <p><small>Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural,l= , Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dave Schultz</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-444-1141</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">361451</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

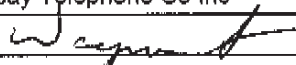
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that 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>Name of Reporting Carrier: <b>PEOPLES TEL CO - MN</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Staci Malinkowski</b></p>   |               |  |  | <p>Digitally signed by Staci Malinkowski DN:cn=Staci Malinkowski,email=staci.malinkowski@arvig.com,O=peoples tel co - mn,l= , Date:5/19/2015</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Staci Malinkowski</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>361453</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   |        |  |  |   |  |
|--|--------|--|--|---|--|
| <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: REDWOOD COUNTY TEL  |        |  |  |   |  |
| Signature of Authorized Officer or employee: Staci Malikowski  |        |  |  | <small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel, Date:5/19/2015</small><br>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   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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   |   | Rothsay Telephone Co Inc                   |           |
| Signature of authorized officer   |  | Date                                       | 5/19/2015 |
| Printed name of authorized officer  |   | Wayne Stowman                              |           |
| Title or position of authorized officer   |   | Secy/Treas                                 |           |
| Telephone number of authorized officer:   |   | (218) 868-2111 ext.                        |           |
| Study Area Code of Reporting Carrier  | 361474  | 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. §§ 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  |  |  |        |                         | 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<br>(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

| <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: <span style="color: blue;">SACRED HEART TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>   |  |  |   | <p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel co, Inc., Date: 5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">361476</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |   |  |           |
|---|---|--|-----------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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:   | 360.538.4229  |  |           |
| Study Area Code of Reporting Carrier  | 361479  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SLEEPY EYE TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Curt Kawlewski</span></p>   |  |  |   | <p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=sleepy eye tel co,l= , Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Kawlewski</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-233-4172</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">361483</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">SPRING GROVE COMM.</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Craig Otterness</span></p>   |  |  |   | <p><small>Digitally signed by Craig Otterness DN:cn=Craig Otterness,email=otter9@aol.com,O=spring grove comm.,l=Spring Grove MN 55974-0516, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Craig Otterness</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">GM/CEO</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-498-3456</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">361485</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">STARBUCK TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>   |  |  |   | <p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel co,l= , Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">361487</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |



TO BE COMPLETED BY 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: TWIN VALLEY-ULEN TEL  |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Staci Malikowski <small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=twin valley-ulen tel,l=- , Date:5/19/2015</small>  |        |  |  | 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

| <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>UPSALA COOP TEL ASSN</b></p>   |                      |         |   |   |         |
| <p>Signature of Authorized Officer or employee:      <b>Tony Gebhard</b></p>   |                      |         |   | <p><small>Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala coop tel assn,l=Upsala MN 56384, Date:5/18/2015</small></p> <p>Date:      <b>5/18/2015</b></p> |         |
| <p>Printed name of Authorized Officer or employee:      <b>Tony Gebhard</b></p>  |                      |         |   |   |         |
| <p>Title or position of Authorized Officer or employee:      <b>CEO/General Manager</b></p>  |                      |         |   |   |         |
| <p>Telephone number of Authorized Officer or employee:      <b>320-573-1390</b></p>  |                      |         |   |   |         |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>361494</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2015</b></p>   | <p></p> |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |                      |         |   |   |         |

TO BE COMPLETED BY 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>Name of Reporting Carrier: VALLEY TEL CO - MN</p>   |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: Dave Bickett</p>   |        |  |  | <p>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@ptel.com,O=valley tel co - mn,l=Underwood MN 56586-0277, Date:5/18/2015</p> |  |
| <p>Date: 5/18/2015</p>   |        |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: Dave Bickett</p>  |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: General Manager/CEO</p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: 218-826-6161</p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 361495 |  | 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  |  |                           |   | 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<br>(mm/dd/yyyy) | 6/16/2015                   |            |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>NORTHERN TEL CO - MN</b>   |               |  |  |                        |  |
| Signature of Authorized Officer or employee: <b>Robert Riddell</b><br><small>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=northern tel co - mn,l= , Date:5/19/2015</small>  |               |  |  | Date: <b>5/19/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Robert Riddell</b>  |               |  |  |                        |  |
| Title or position of Authorized Officer or employee: <b>CEO</b>  |               |  |  |                        |  |
| Telephone number of Authorized Officer or employee: <b>218-488-6565</b>  |               |  |  |                        |  |
| Study Area Code of Reporting Carrier   | <b>361500</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>  |               |  |  |                        |  |

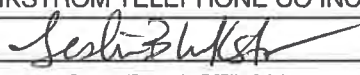
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| 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 WEST CENTRAL TELEPHONE ASSN   |        |  |            |
| Signature of authorized officer    |        | Date                                       | 05/18/2015 |
| Printed name of authorized officer CHAD BULLOCK   |        |  |            |
| Title or position of authorized officer CEO-GM  |        |  |            |
| Telephone number of authorized officer: (218) 837-5151 ext.   |        |  |            |
| Study Area Code of Reporting Carrier  | 361501 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |        |  |            |

TO BE COMPLETED BY 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: <span style="color: blue;">WESTERN TEL CO</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Curt Kawlewski</span></p>   |  |  |   | <p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=wester n tel co,l= , Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Kawlewski</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-233-4172</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">361502</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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>WIKSTROM TELEPHONE CO INC</b>   |  |               |  |                   |
| Signature of authorized officer   |  |               | Date                                       | <b>05/26/2015</b> |
| Printed name of authorized officer <b>LESLIE B WIKSTROM</b>  |  |               |  |                   |
| Title or position of authorized officer <b>VICE PRESIDENT</b>  |  |               |  |                   |
| Telephone number of authorized officer: <b>(218) 436-2121</b> , ext.   |  |               |  |                   |
| Study Area Code of Reporting Carrier   |  | <b>361505</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WINTHROP TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Danny Busche</span></p>  |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Danny Busche</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-557-2275</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">361508</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">WOODSTOCK TEL CO</span></p>   |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Terry Nelson</span></p>   |        |  |  | <p><small>Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock tel co,l=Ruthton MN 56170, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Terry Nelson</span></p>  |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Operations Manager</span></p>   |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-658-3830</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 361510 |  | 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>   |        |  |  |  |  |

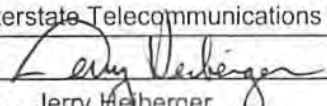
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

|  |  |   |  |
|--|--|---|--|
| <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>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</b> ext.   |  |   |  |
| Study Area Code of Reporting Carrier <b>361512</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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>ZUMBROTA TEL CO</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>  |               |  |  | <p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota tel co,l= , Date:5/21/2015</p> |  |
| <p>Date: <b>5/21/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>320-847-2211</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>361515</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 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) | 6/18/2015 |         |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |        |  |           |         |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| <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>ARAPAHOE TEL CO</b></p>  |                      |         |   |   |         |
| <p>Signature of Authorized Officer or employee:      <b>John Koller</b></p>  |                      |         |   | <p>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</p> |         |
| <p>Date:      <b>5/22/2015</b></p>   |                      |         |   |   |         |
| <p>Printed name of Authorized Officer or employee:      <b>John Koller</b></p>   |                      |         |   |   |         |
| <p>Title or position of Authorized Officer or employee:      <b>VP Operations</b></p>  |                      |         |   |   |         |
| <p>Telephone number of Authorized Officer or employee:      <b>308-962-7298</b></p>  |                      |         |   |   |         |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>371516</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2015</b></p>   | <p></p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ARLINGTON TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Joe Jetensky</span></p>   |  |  |   | <p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=arlington tel co, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joe Jetensky</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/GM</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-426-6245</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">371517</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>ELSIE COMM., INC.</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>David Shipley</b></p>   |               |  |  | <p>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=elsie comm., inc.,l=Colorado City CO 81019, Date:5/16/2015</p> |  |
|  |               |  |  | <p>Date: <b>5/16/2015</b></p>   |  |
| <p>Printed name of Authorized Officer or employee: <b>David Shipley</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>  |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>866-542-6780</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>371518</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>THE BLAIR TEL CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Joe Jetensky</b></p>  |               |  |  | <p>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=the blair tel co,l= , Date:5/21/2015</p> |  |
| <p>Date: <b>5/21/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Joe Jetensky</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>President/GM</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>402-426-6245</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>371524</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> |        |  |  |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">THREE RIVER TELCO</span></p>  |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Neil Classen</span></p>   |        |  |  | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Neil Classen</span></p>  |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-569-2666</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 371525 |  | 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

| <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: <span style="color: blue;">CAMBRIDGE TEL CO -NE</span></p>   |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">J. Shoemaker</span></p>   |        |  |  | <p><small>Digitally signed by J. Shoemaker DN:cn=J. Shoemaker,email=tom.shoemaker@pnpt.com,O=cambridge tel co -ne,l=Cambridge NE 69022, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">J. Shoemaker</span></p>  |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">V P Regulatory Affairs</span></p>   |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">308-697-3333</span></p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 371526 |  | 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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>CONSOLIDATED TELCO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>President</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>402-489-2728</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>371530</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 <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

| <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: <span style="color: blue;">CONSOLIDATED TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Wendy Thompson Fast</span></p>   |  |  |   | <p><small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated tel co,l=Lincoln NE 68506-0147, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Wendy Thompson Fast</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-489-2728</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">371532</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>COZAD TEL CO</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Marcus Young</b></p>  |               |  |  | <p>Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad tel co,l= , Date:5/18/2015</p> |  |
| <p>Date: <b>5/18/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Marcus Young</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>President</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>308-784-4044</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>371534</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |               |  |  |   |  |

TO BE COMPLETED BY 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: CURTIS TEL CO   |        |  |  |  |  |
| Signature of Authorized Officer or employee: Wendy Thompson Fast   |        |  |  | <small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=curtis tel co,l=Lincoln NE 68506-0147, Date:5/15/2015</small><br>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  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |  |  |



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |               |  |  |  |  |
| <p>Name of Reporting Carrier: <b>DALTON TEL CO, INC</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>David Shipley</b></p>   |               |  |  | <p>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton tel co, inc,l=Colorado City CO 81019, Date:5/16/2015</p> |  |
|  |               |  |  | <p>Date: <b>5/16/2015</b></p>  |  |
| <p>Printed name of Authorized Officer or employee: <b>David Shipley</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>866-542-6779</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>371537</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |               |  |  |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">DILLER TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Loren Duerksen</span></p>   |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Loren Duerksen</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Director of Operations</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-793-5330</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">371540</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>EASTERN NEBRASKA TEL</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Joe Jetensky</b></p>  |               |  |  | <p>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=eastern nebraska tel,l= , Date:5/21/2015</p> |  |
| <p>Date: <b>5/21/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Joe Jetensky</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>President/GM</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>402-426-6245</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>371542</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">GLENWOOD TEL MEMBER</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Stanley Rouse</span></p>  |  |  |   | <p><small>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood tel member,l=Blue Hill NE 68930-0008, Date:5/20/2015</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Stanley Rouse</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-756-3131</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">371553</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

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

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

TO BE COMPLETED BY 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: <span style="color: blue;">HARTINGTON TELECOM</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">William Dendinger</span></p>   |  |  |   | <p><small>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</small></p> |  |
| <p>Date: <span style="color: blue;">5/20/2015</span></p>   |  |  |   |   |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">William Dendinger</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-254-3901</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">371556</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |        |  |           |            |
|---|--------|--|-----------|------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 |            |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>HEMINGFORD COOP TEL</b>  |               |  |  |                        |  |
| Signature of Authorized Officer or employee: <b>Tonya Mayer</b><br><small>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</small>   |               |  |  | Date: <b>5/15/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Tonya Mayer</b>   |               |  |  |                        |  |
| Title or position of Authorized Officer or employee: <b>General Manager</b>  |               |  |  |                        |  |
| Telephone number of Authorized Officer or employee: <b>308-487-3311</b>  |               |  |  |                        |  |
| Study Area Code of Reporting Carrier   | <b>371558</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   |               |  |  |                        |  |
|--|---------------|--|--|------------------------|--|
| <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>HENDERSON CO-OP TEL</b>  |               |  |  |                        |  |
| Signature of Authorized Officer or employee: <b>James Mestl</b><br><small>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</small>   |               |  |  | Date: <b>5/19/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>James Mestl</b>   |               |  |  |                        |  |
| Title or position of Authorized Officer or employee: <b>Board President</b>  |               |  |  |                        |  |
| Telephone number of Authorized Officer or employee: <b>402-723-4448</b>  |               |  |  |                        |  |
| Study Area Code of Reporting Carrier   | <b>371559</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> |                      |         |   |   |         |
| <p>Name of Reporting Carrier:      <b>HERSHEY COOP TEL CO</b></p>  |                      |         |   |   |         |
| <p>Signature of Authorized Officer or employee:      <b>Rex Woolley</b></p>  |                      |         |   | <p>Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey coop tel co,l=Hershey NE 69143, Date:5/26/2015</p> |         |
| <p>Date:      <b>5/26/2015</b></p>   |                      |         |   |   |         |
| <p>Printed name of Authorized Officer or employee:      <b>Rex Woolley</b></p>   |                      |         |   |   |         |
| <p>Title or position of Authorized Officer or employee:      <b>General Manager &amp; CEO</b></p>  |                      |         |   |   |         |
| <p>Telephone number of Authorized Officer or employee:      <b>308-368-5561</b></p>  |                      |         |   |   |         |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>371561</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2015</b></p>   | <p></p> |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |                      |         |   |   |         |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>CONSOLIDATED TELECOM</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>President</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>402-489-2728</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>371562</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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">HOOPER TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Robert Gannon</span></p>  |  |  |   | <p><small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper tel co,l=Remsen IA 51050-0330, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Gannon</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-786-5572</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">371563</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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>K &amp; M TEL CO, INC</b>  |               |  |  |                        |  |
| Signature of Authorized Officer or employee: <b>Thomas Magnuson</b><br><small>Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k &amp; m tel co, inc,l=Chambers NE 68725, Date:5/23/2015</small>   |               |  |  | Date: <b>5/23/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Thomas Magnuson</b>   |               |  |  |                        |  |
| Title or position of Authorized Officer or employee: <b>President</b>  |               |  |  |                        |  |
| Telephone number of Authorized Officer or employee: <b>402-482-5220</b>  |               |  |  |                        |  |
| Study Area Code of Reporting Carrier   | <b>371565</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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">GLENWOOD NET SRV</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Stanley Rouse</span></p>  |  |  |   | <p><small>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood net srv,l=Blue Hill NE 68930-0008, Date:5/20/2015</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Stanley Rouse</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-756-3131</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">371567</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>NEBRASKA CENTRAL TEL</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Nancy McGregor-Jader</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Nancy McGregor-Jader</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>308-468-6341</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>371574</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  |  |                               |   | 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<br>(mm/dd/yyyy) | 6/16/2015                            |         |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">GREAT PLAINS COMMUN</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Wyman Nelson</span></p>  |  |  |   | <p><small>Digitally signed by Wyman Nelson DN:cn=Wyman Nelson,email=wenelson@gpcom.com,O=great plains commun,l=Blair NE 68008, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Wyman Nelson</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President &amp; Chief Legal Counsel</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-456-6594</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">371577</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">PIERCE TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Mary Bichlmeier</span></p>  |  |  |   | <p>Digitally signed by Mary Bichlmeier DN:cn=Mary Bichlmeier,email=maryb@piercetelphone.com,O=pierce tel co,l=Pierce NE 68767-0113, Date:5/27/2015</p> |  |
| <p>Date: <span style="color: blue;">5/27/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mary Bichlmeier</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Company Accountant</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-329-6225</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">371581</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |  |  |   |  |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |        |  |  |                 |  |
| Name of Reporting Carrier: PLAINVIEW TEL CO  |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Eric Nye <div> <small>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</small> </div>  |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |        |  |  |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ROCK COUNTY TEL CO</span></p>   |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Joe Jetensky</span></p>   |        |  |  | <p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=rock county tel co, Inc., Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joe Jetensky</span></p>  |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/GM</span></p>   |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-426-6245</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 371586 |  | 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

| <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: <span style="color: blue;">SODTOWN TEL CO</span></p>   |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Plautz</span></p>   |        |  |  | <p><small>Digitally signed by Mike Plautz DN:cn=Mike Plautz,email=secretary@sdtntele.com,O=sodtown tel co,l= , Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Plautz</span></p>   |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary</span></p>  |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">308-467-2310</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 371590 |  | 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   |        |  |  |   |  |
|--|--------|--|--|---|--|
| <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: SE NEBRASKA COMM INC</p>   |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: Ray Joy</p>  |        |  |  | <p>Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=se nebraska comm inc,lc= , Date:5/15/2015</p> |  |
| <p>Date: 5/15/2015</p>   |        |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: Ray Joy</p>   |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: Vice President</p>   |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: 402-245-4451</p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 371591 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |   |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |               |  |  |  |  |
| <p>Name of Reporting Carrier: <b>STANTON TELECOM INC.</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Robert Paden</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Robert Paden</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Vice President/General Manager</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>402-439-2264</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>371592</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

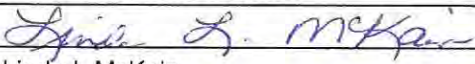
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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  |  |  |        |   | Wauneta Telephone Company                     |  |           |  |            |  |
| Signature of authorized officer  |  |  |        |  |   |  | 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<br>(mm/dd/yyyy) |  | 6/16/2015 |  |            |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |  |        |   |   |  |           |  |            |  |




TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |  |  |            |  |
|---|--|--|------------|--|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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    |  | 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   |               |  |  |                        |  |
|--|---------------|--|--|------------------------|--|
| <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>NORTH DAKOTA TEL CO</b>  |               |  |  |                        |  |
| Signature of Authorized Officer or employee: <b>Shawna Senger</b><br><small>Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota tel co,l=Devils Lake ND 58301, Date:5/19/2015</small>   |               |  |  | Date: <b>5/19/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Shawna Senger</b>   |               |  |  |                        |  |
| Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>  |               |  |  |                        |  |
| Telephone number of Authorized Officer or employee: <b>701-662-6428</b>  |               |  |  |                        |  |
| Study Area Code of Reporting Carrier   | <b>381447</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

|   |  |               |  |                  |
|---|--|---------------|--|------------------|
| <p><b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b></p> <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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>ABSARAKA COOP TEL CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Ann Faught</b></p>  |               |  |  | <p>Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop tel co,l= , Date:5/18/2015</p> |  |
| <p>Date: <b>5/18/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Ann Faught</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>701-896-3404</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>381601</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  |  |   |  | BEK Communications Cooperative |           |
| Signature of authorized officer  |  |  |  | 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 ext.   |  |                                |           |
| 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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>DICKEY RURAL COOP</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Robert Johnson</b></p>  |               |  |  | <p>Digitally signed by Robert Johnson DN:cn=Robert Johnson,email=rjohnson@drtel.com,O=dickey rural coop,lc=, Date:5/20/2015</p> |  |
| <p>Date: <b>5/20/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Robert Johnson</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>701-344-6010</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>381611</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

|   |               |  |                  |
|---|---------------|--|------------------|
| <p><b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b></p> <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>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> ext.  |               |  |                  |
| 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

| <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: <span style="color: blue;">GRIGGS COUNTY TEL CO</span></p>   |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tyler Kilde</span></p>   |        |  |  | <p><small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tylerk@mlgc.biz,O=griggs county tel co,l=Enderlin ND 58027-0066, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tyler Kilde</span></p>   |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">VP/GM</span></p>  |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-437-3417</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 381615 |  | 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

| <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: <span style="color: blue;">INTER-COMMUNITY TEL</span></p>  |  |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Keith Andersen</span></p>   |  |  |  | <p><small>Digitally signed by Keith Andersen DN:cn=Keith Andersen,email=kander@ictc.com,O=inter-community tel,l=Nome ND 58062-0008, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Keith Andersen</span></p>  |  |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>  |  |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-924-8815</span></p>  |  |  |  |   |  |
| Study Area Code of Reporting Carrier   | <span style="color: blue;">381616</span> |  | Filing Due Date for this form (mm/dd/yyyy) | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |  |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">MIDSTATE TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Ryan Wilhelmi</span></p>  |  |  |   | <p><small>Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate tel co,l=Stanley ND 58784-0400, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ryan Wilhelmi</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-628-2522</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">381617</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |


TO BE COMPLETED BY 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: <span style="color: blue;">GRIGGS CTY (M&amp;L)</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tyler Kilde</span></p>   |  |  |   | <p><small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tylerk@mlgc.biz,O=griggs cty (m&amp;l),l=Enderlin ND 58027-0066, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tyler Kilde</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">VP/GM</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-437-3417</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">381622</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">NORTHWEST COMM COOP</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Mike Steffan</span></p>   |  |  |   | <p><small>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</small></p> |  |
| <p>Date: <span style="color: blue;">5/16/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Steffan</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-568-3331</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">381625</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

|   |        |  |           |
|---|--------|--|-----------|
| <p><b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b></p> <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: 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 |
| <p>Persons 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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>RED RIVER COMM.</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Jeffrey Olson</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Jeffrey Olson</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager/Executive Secretary</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>701-553-8309</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>381631</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 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 |  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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: UNITED TEL MUTUAL   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Perry Oster<br><small>Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united tel mutual, =Langdon ND 58249-0729, Date:5/19/2015</small>   |        |  |  | 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

| <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: <span style="color: blue;">W. RIVER TELECOM.</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bonnie Krause</span></p>   |  |  |   | <p><small>Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=w. river telecom.,l=Hazen ND 58545-0467, Date:5/25/2015</small></p> <p>Date: <span style="color: blue;">5/25/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bonnie Krause</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/GM</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-748-4221</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">381637</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">MIDSTATE COMM.</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Ryan Wilhelmi</span></p>  |  |  |   | <p><small>Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate comm.,l=Stanley ND 58784-0400, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ryan Wilhelmi</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-628-2522</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">381638</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>NEMONT TEL COOP - ND</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Remi Sun</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Remi Sun</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>CFO</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>406-783-2358</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>382247</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**

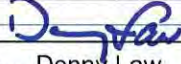
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

|  |  |        |   |                          |            |
|--|--|--------|---|--------------------------|------------|
| Name of Reporting Carrier  |  |        |   | 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<br>(mm/dd/yyyy) | 6/16/2015                |            |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |        |  |  |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-HILLS SD</span></p>  |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>  |        |  |  | <p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills sd,I=Garretson SD 57030, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>   |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span></p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 391405 |  | 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 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   |               |  |  |                        |  |
|--|---------------|--|--|------------------------|--|
| <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>ALLIANCE-BALTIC</b>  |               |  |  |                        |  |
| Signature of Authorized Officer or employee: <b>Kari Flanagan</b><br><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,l=Garretson SD 57030, Date:5/18/2015</small>   |               |  |  | Date: <b>5/18/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Kari Flanagan</b>   |               |  |  |                        |  |
| Title or position of Authorized Officer or employee: <b>CFO</b>  |               |  |  |                        |  |
| Telephone number of Authorized Officer or employee: <b>605-594-8228</b>  |               |  |  |                        |  |
| Study Area Code of Reporting Carrier   | <b>391642</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>  |               |  |  |                        |  |

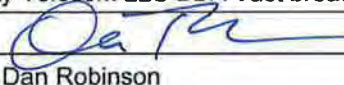
## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| 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 <b>Cheyenne River Sioux Tribe Telephone Authority</b>   |  |               |   |                  |
| Signature of authorized officer <i>Ivan Bruguier</i>  |  | Date          |   | <b>5-20-15</b>   |
| Printed name of authorized officer <b>Ivan Bruguier</b>   |  |               |   |                  |
| Title or position of authorized officer <b>Board Chairman</b>   |  |               |   |                  |
| Telephone number of authorized officer: <b>(605) 964-2600</b>   |  |               |   |                  |
| Study Area Code of Reporting Carrier  |  | <b>391647</b> | Filing Due Date for this form<br>(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   |               |  |  |                        |  |
|--|---------------|--|--|------------------------|--|
| <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>BERESFORD MUNICIPAL</b>  |               |  |  |                        |  |
| Signature of Authorized Officer or employee: <b>Todd Hansen</b><br><small>Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal, Date: 5/22/2015</small>   |               |  |  | Date: <b>5/22/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Todd Hansen</b>   |               |  |  |                        |  |
| Title or position of Authorized Officer or employee: <b>General Manager</b>  |               |  |  |                        |  |
| Telephone number of Authorized Officer or employee: <b>605-763-2500</b>  |               |  |  |                        |  |
| Study Area Code of Reporting Carrier   | <b>391649</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   |  |   |                 |  |
|--|--|---|-----------------|--|
| <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: 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 |                 |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CITY OF FAITH MUNIC</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Debbie Brown</span></p>   |  |  |   | <p><small>Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith munic,l=Faith SD 57626-0368, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Debbie Brown</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Finance Officer</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-967-2261</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">391653</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |        |  |  |           |
|---|--------|--|--|-----------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-SPLITROCK</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>  |  |  |   | <p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-splitrock,lc=Garretson SD 57030, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">391657</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

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

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |        |  |           |         |
|---|--------|--|-----------|---------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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: (605) 279-2161, ext.  |        |  |           |         |
| Study Area Code of Reporting Carrier  | 391659 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015 |         |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |        |  |           |         |



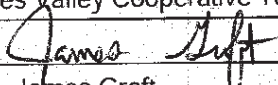
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| <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: <span style="color: blue;">FT RANDALL-MT RUSHMR</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>   |  |  |   | <p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=ft randall-mt rushmr,l=, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">391660</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

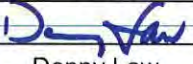
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| <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>JEFFERSON TEL CO -SD</b></p>   |                      |         |   |  |         |
| <p>Signature of Authorized Officer or employee:      <b>Tom Connors</b></p>  |                      |         |   | <p>Digitally signed by Tom Connors DN:cn=Tom Connors,email=tomc@longlines.biz,O=jefferson tel co -sd,l=Jefferson SD 57038-0128, Date:5/21/2015</p> |         |
| <p>Date:      <b>5/21/2015</b></p>   |                      |         |   |  |         |
| <p>Printed name of Authorized Officer or employee:      <b>Tom Connors</b></p>   |                      |         |   |  |         |
| <p>Title or position of Authorized Officer or employee:      <b>Manager</b></p>  |                      |         |   |  |         |
| <p>Telephone number of Authorized Officer or employee:      <b>605-966-5631</b></p>  |                      |         |   |  |         |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>391666</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2015</b></p>  | <p></p> |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |                      |         |   |  |         |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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  |        |  |           | 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 |   |         |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |        |  |  |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">KENNEBEC TEL CO</span></p>  |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Rod Bowar</span></p>  |        |  |  | <p><small>Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=knbctel@kennebectelephone.com,O=kennebec tel co,l=Kennebec SD 57544, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rod Bowar</span></p>   |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/Manager</span></p>  |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-869-2220</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 391668 |  | 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

| <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: <span style="color: blue;">TRIOTEL COMM-MCCOOK</span>   |        |  |  |  |  |
| Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bryan Roth</span>   |        |  |  | <small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm-mccook,l=Salem SD 57058-0630, Date:5/21/2015</small><br>Date: <span style="color: blue;">5/21/2015</span> |  |
| Printed name of Authorized Officer or employee: <span style="color: blue;">Bryan Roth</span>   |        |  |  |  |  |
| Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>   |        |  |  |  |  |
| Telephone number of Authorized Officer or employee: <span style="color: blue;">605-425-2238</span>   |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 391669 |  | Filing Due Date for this form (mm/dd/yyyy) | 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.</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  |  |        |  | 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 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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: WEST RIVER(MOBRIDGE)  |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Bonnie Krause <div> <small>Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=west river(mobridge),l=Hazen ND 58545-0467, Date:5/25/2015</small> </div>  |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |        |  |  |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">RC TECHNOLOGIES</span></p>  |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Scott Bostrom</span></p>  |        |  |  | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Bostrom</span></p>   |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-637-5211</span></p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 391674 |  | 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**

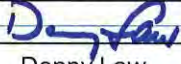
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

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

| <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: <span style="color: blue;">VENTURE COMM. COOP</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Randy Houdek</span></p>   |  |  |   | <p><small>Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture comm. coop,l=Highmore SD 57345-0157, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Randy Houdek</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-852-1111</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">391680</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">TRIOTEL COMM(TRI-C)</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bryan Roth</span></p>  |  |  |   | <p><small>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm(tri-c),l=Salem SD 57058-0630, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bryan Roth</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-425-2238</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">391682</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

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

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

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

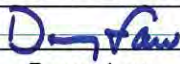
|  |        |  |                     |  |         |
|--|--------|--|---------------------|--|---------|
| Name of Reporting Carrier  |        |  |                     | Golden West Telecommunications - Union |         |
| Signature of authorized officer  |        |  | Date                |  | 5/18/15 |
| 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           |  |         |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">VALLEY TELECOMM.</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Darin LaCoursiere</span></p>  |  |  |   | <p><small>Digitally signed by Darin LaCoursiere DN: cn=Darin LaCoursiere, email=darin@valleytel.net, O=valley telecomm., l=Herreid SD 57632-0007, Date: 5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Darin LaCoursiere</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/GM</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-437-2615</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">391685</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |



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

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |        |  |           |         |
|---|--------|--|-----------|---------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 |         |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">VENTURE COMM. COOP</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Randy Houdek</span></p>   |  |  |   | <p><small>Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture comm. coop,l=Highmore SD 57345-0157, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Randy Houdek</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-852-1111</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">391688</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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<br>(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   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <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: ARKANSAS TEL CO   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Randy McCaslin <small>Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas tel co,l=Clinton AR 72031, Date:5/19/2015</small>   |        |  |  | 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   | 401692 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015       |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CENTRAL ARKANSAS TEL</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Shirley Kinnaird</span></p>   |  |  |   | <p>Digitally signed by Shirley Kinnaird DN:cn=Shirley Kinnaird,email=shirley@catc.net,O=central arkansas tel,I=Bismarck AR 71929-0130, Date:5/27/2015</p> |  |
| <p>Date: <span style="color: blue;">5/27/2015</span></p>   |  |  |   |   |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Shirley Kinnaird</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Interim Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">501-865-3212</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">401697</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |  |  |   |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">SOUTH ARKANSAS TEL</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Greg Ashcraft</span></p>   |  |  |   | <p><small>Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel,l=Sheridan AR 72150, Date:5/15/2015</small></p> |  |
| <p>Date: <span style="color: blue;">5/15/2015</span></p>   |  |  |   |   |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Greg Ashcraft</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">870-942-4344</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">401702</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |   |  |
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| <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>LAVACA TEL CO-AR</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Keith Gibson</b></p>  |               |  |  | <p>Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ar,l=Lavaca AR 72941-0230, Date:5/26/2015</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Keith Gibson</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>President</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>479-674-2211</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>401704</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |               |  |  |   |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| <b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>  |  |  |   |  |  |
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| <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: <span style="color: blue;">MADISON COUNTY TEL</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Tom Shrum</span></p>  |  |  |   | <p><small>Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel,l=Huntsville AR 72740, Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tom Shrum</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">479-738-2121</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">401709</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |



TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>MAGAZINE TEL CO</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Kathy Stone</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/27/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Kathy Stone</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>President</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>479-969-2211</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>401710</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>  |  |  |   |  |  |
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| <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: <span style="color: blue;">MOUNTAIN VIEW TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Anne Schuhknecht</span></p>   |  |  |   | <p><small>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</small></p> |  |
| <p>Date: <span style="color: blue;">5/27/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Anne Schuhknecht</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">870-425-3100</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">401712</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>NORTH ARKANSAS TEL</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Steven Sanders, Jr.</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Steven Sanders, Jr.</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>President</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>870-453-9273</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>401713</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> |        |  |  |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">PRAIRIE GROVE TEL CO</span></p>   |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Rick Reed</span></p>  |        |  |  | <p><small>Digitally signed by Rick Reed DN:cn=Rick Reed,email=treed@pgtc.com,O=prairie grove tel co,l=Prairie Grove AR 72753-1010, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rick Reed</span></p>   |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">479-846-7200</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 401718 |  | 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   |  |  |        |   | Rice Belt Telephone Company Inc.           |  |           |  |            |  |
| Signature of authorized officer   |  |  |        |  |  |  | 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 |  |            |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">E RITTER TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Strode</span></p>   |  |  |   | <p><small>Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=e ritter tel co,l=Jonesboro AR 72403, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Strode</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">870-336-2345</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">401722</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>SW ARKANSAS TEL COOP</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Tina Moore</b></p>  |               |  |  | <p>Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=sw arkansas tel coop,l= , Date:5/27/2015</p> |  |
| <p>Date: <b>5/27/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Tina Moore</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Accountant</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>870-653-8222</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>401724</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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">TRI-COUNTY TEL CO-AR</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Strode</span></p>   |  |  |   | <p><small>Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=tri-county tel co-ar,l=Jonesboro AR 72403, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Strode</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">870-336-2345</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">401726</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |



TO BE COMPLETED BY 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: <span style="color: blue;">WALNUT HILL TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Deborah Nobles</span></p>   |  |  |   | <p><small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=walnut hill tel co,l=Macclenny FL 32063-0485, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Deborah Nobles</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">VP of Regulatory Affairs</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">904-259-0029</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">401729</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">YELCOT TEL CO INC</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Anne Schuhknecht</span></p>   |  |  |   | <p><small>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</small></p> |  |
| <p>Date: <span style="color: blue;">5/27/2015</span></p>   |  |  |   |   |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Anne Schuhknecht</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">870-425-3100</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">401733</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">ARKWEST COMM., INC.</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">P. Sanders</span></p>   |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">P. Sanders</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President &amp; GM</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">479-495-4242</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">401734</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>SCOTT COUNTY TEL CO</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Karen Gilliam</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Karen Gilliam</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>479-923-4200</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>403031</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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>BLUE VALLEY TELE-COM</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Candace Wright</b></p>  |               |  |  | <p>Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-com,l= , Date:5/26/2015</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Candace Wright</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>CFO</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>785-799-3657</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>411746</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">COUNCIL GROVE TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Dale Jones</span></p>   |  |  |   | <p><small>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel co,l=Council Grove KS 66846-0299, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dale Jones</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-767-5153</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">411758</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

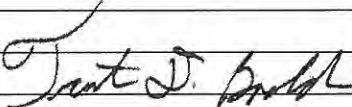
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| 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>Name of Reporting Carrier: <b>CUNNINGHAM TEL CO</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Brent Cunningham</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Brent Cunningham</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>785-545-3215</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>411761</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   |  |        |  | Elkhart Telephone Co., Inc.  |  |
| Signature of authorized officer   |  |        |  |  |  |
| Date  |  |        |  | 05/27/2015   |  |
| Printed name of authorized officer  |  |        |  | Trenton D. Boaldin   |  |
| Title or position of authorized officer   |  |        |  | President  |  |
| Telephone number of authorized officer:   |  |        |  | (629) 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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>GOLDEN BELT TEL ASSN</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Beau Rebel</b></p>  |               |  |  | <p>Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbta.net,O=golden belt tel assn,l=Rush Center KS 67575, Date:5/18/2015</p> |  |
| <p>Date: <b>5/18/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Beau Rebel</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>785-372-4236</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>411777</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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>GORHAM TEL CO</b>  |               |  |  |   |  |
| Signature of Authorized Officer or employee: <b>Tonya Murphy</b>   |               |  |  | <small>Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham tel co,l=Gorham KS 67640-0235, Date:5/21/2015</small><br>Date: <b>5/21/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Tonya Murphy</b>  |               |  |  |   |  |
| Title or position of Authorized Officer or employee: <b>Secretary/Treasurer</b>  |               |  |  |   |  |
| Telephone number of Authorized Officer or employee: <b>785-637-5300</b>  |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>411778</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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>HAVILAND TEL CO</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Mark Wade</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/18/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Mark Wade</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>620-862-5211</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>411780</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>H &amp; B COMMUNICATIONS</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Robert Koch</b></p>   |               |  |  | <p>Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h &amp; b communications,l=Holyrood KS 67450, Date:5/27/2015</p> |  |
| <p>Date: <b>5/27/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Robert Koch</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>President and General Manager</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>785-252-4000</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>411781</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">HOME TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Tina Anderson</span></p>  |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tina Anderson</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Customer Acct &amp; Billing Mgr/Secretary</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-654-3381</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">411782</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: J. B. N. TEL CO INC</p>  |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: Roger DelFiacco</p>  |        |  |  | <p>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</p> |  |
| <p>Date: 5/19/2015</p>   |        |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: Roger DelFiacco</p>   |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: Controller</p>   |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: 785-866-3402</p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 411785 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |   |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |        |  |  |                 |  |
| Name of Reporting Carrier: KANOKLA TEL ASSN-KS   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: <b>Greg Aldridge</b><br><small>Digitally signed by Greg Aldridge DN:cn=Greg Aldridge,email=greg@kanokla.com,O=kanokla tel assn-ks,l=Caldwell KS 67022-0111, Date:5/19/2015</small>  |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MADISON TEL., LLC</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Shana Rains</span></p>  |  |  |   | <p>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</p> |  |
| <p>Date: <span style="color: blue;">5/15/2015</span></p>   |  |  |   |   |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Shana Rains</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accountant</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-437-2356</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">411801</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |  |  |   |   |  |



TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>MOKAN DIAL INC-KS</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Deborah Nobles</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/22/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Deborah Nobles</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>VP of Regulatory Affairs</b></p>  |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>904-259-0029</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>411807</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MOUNDRIDGE TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Delonna Barnett</span></p>  |  |  |   | <p><small>Digitally signed by Delonna Barnett DN:cn=Delonna Barnett,email=speedo@mtelco.net,O=moundridge tel co,l=Moundridge KS 67107, Date:5/20/2015</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Delonna Barnett</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager/VP</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-345-2831</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">411808</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">MUTUAL TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">John Tietjens</span></p>  |  |  |   | <p><small>Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mutual tel co,l=Little River KS 67457, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Tietjens</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President &amp; General Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-897-6200</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">411809</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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>PEOPLES TELECOM LLC</b>  |               |  |  |   |  |
| Signature of Authorized Officer or employee: <b>Kathy Billinger</b>  |               |  |  | <small>Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peoplestelecom.net,O=peoples telecom llc,lc=LaCygne KS 66040, Date:5/18/2015</small><br>Date: <b>5/18/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Kathy Billinger</b>   |               |  |  |   |  |
| Title or position of Authorized Officer or employee: <b>CEO/General Manager</b>  |               |  |  |   |  |
| Telephone number of Authorized Officer or employee: <b>913-757-2500</b>  |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>411814</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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>CRAW-KAN TEL COOP</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Craig Wilbert</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Craig Wilbert</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>620-724-8235</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>411818</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               |  |        |  | Rainbow Telecommunications Association, Inc. |              |
| Signature of authorized officer         |  |        | Date                                       |  | May 21, 2015 |
| Printed name of authorized officer      |  |        | James Lednicky                             |  |              |
| Title or position of authorized officer |  |        | General Manager                            |  |              |
| Telephone number of authorized officer: |  |        | (785) 548-7511 ext.                        |  |              |
| Study Area Code of Reporting Carrier    |  | 411820 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015                                    |              |

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

TO BE COMPLETED BY 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: <span style="color: blue;">RURAL TEL-NEX-TECH</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Rhonda Goddard</span></p>   |  |  |   | <p>Digitally signed by Rhonda Goddard DN:cn=Rhonda Goddard,email=rgoddard@nex-tech.com,O=rural tel-nex-tech,l=Lenora KS 67645-0158, Date:5/25/2015</p> |  |
| <p>Date: <span style="color: blue;">5/25/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rhonda Goddard</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">785-567-4281</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">411826</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">S &amp; T TEL COOP ASSN</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Carolyn Somers</span></p>   |  |  |   | <p><small>Digitally signed by Carolyn Somers DN:cn=Carolyn Somers,email=crsomers@st-tel.net,O=s &amp; t tel coop assn,l=Brewster KS 67732, Date:5/20/2015</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Carolyn Somers</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">785-694-2256</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">411827</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |



TO BE COMPLETED BY 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: <span style="color: blue;">S &amp; A TEL CO INC</span></p>   |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Janet Bathurst</span></p>   |        |  |  | <p><small>Digitally signed by Janet Bathurst DN:cn=Janet Bathurst,email=jbathurst@satelephone.com,O=s &amp; a tel co inc,l=Allen KS 66833-0068, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Janet Bathurst</span></p>  |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-528-3223</span></p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 411829 |  | 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   |        |  |  |  |  |
|--|--------|--|--|--|--|
| <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: S. CENTRAL TEL - KS   |        |  |  |  |  |
| Signature of Authorized Officer or employee: <b>Christina Hickert</b>  |        |  |  | Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=chickert@sctelcom.com,O=s. central tel - ks,l= , Date:5/26/2015<br>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   | 411831 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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: SOUTHERN KANSAS TEL   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: William McVey<br><small>Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel,l=Clearwater KS 67026-0800, Date:5/21/2015</small>  |        |  |  | 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       |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">TRI-COUNTY TEL ASSN</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Dale Jones</span></p>   |  |  |   | <p><small>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=tri-county tel assn,l=Council Grove KS 66846-0299, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dale Jones</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-767-5153</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">411839</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |  |   |  |                     |
|---|--|---|--|---------------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). |  |   |  |                     |
| Name of Reporting Carrier <u>Twin Valley Telephone</u>  |  |   |  |                     |
| Signature of authorized officer <u>[Signature]</u>  |  |   |  | Date <u>5/27/15</u> |
| Printed name of authorized officer <u>Scott Leitzel</u>   |  |   |  |                     |
| Title or position of authorized officer <u>Vice President - Operations</u>  |  |   |  |                     |
| Telephone number of authorized officer: <u>7542754</u>  |  |   |  |                     |
| Study Area Code of Reporting Carrier <u>411840</u>  |  | Filing Due Date for this form (mm/dd/yyyy) <u>6/16/2015</u> |  |                     |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |  |   |  |                     |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

|  |  |        |  |                                    |           |
|--|--|--------|--|------------------------------------|-----------|
| Name of Reporting Carrier  |  |        |  | UNTIED TELEPHONE ASSOCIATION, INC. |           |
| Signature of authorized officer  |  |        | 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 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>WAMEGO TEL CO INC</b>  |               |  |  |                        |  |
| Signature of Authorized Officer or employee: <b>Jeff Wick</b><br><small>Digitally signed by Jeff Wick DN:cn=Jeff Wick,email=jwick@wtcks.com,O=wamego tel co inc,l= , Date:5/27/2015</small>  |               |  |  | Date: <b>5/27/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Jeff Wick</b>   |               |  |  |                        |  |
| Title or position of Authorized Officer or employee: <b>General Manager</b>  |               |  |  |                        |  |
| Telephone number of Authorized Officer or employee: <b>785-456-1011</b>  |               |  |  |                        |  |
| Study Area Code of Reporting Carrier   | <b>411845</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  | Wheat State Telephone, Inc.   |  |   |           |           |
| Signature of authorized officer  |  |  |   | Date      | 5/27/2015 |
| Printed name of authorized officer   | Archie Macias   |  |   |           |           |
| Title or position of authorized officer  | General Manager   |  |   |           |           |
| Telephone number of authorized officer:  | (620)782- 3341 , ext.   |  |   |           |           |
| Study Area Code of Reporting Carrier   | 411847  |  | Filing Due Date for this form<br>(mm/dd/yyyy) | 6/16/2015 |           |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |  |  |  |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WILSON TEL CO INC</span></p>  |  |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Brian Boisvert</span></p>   |  |  |  | <p><small>Digitally signed by Brian Boisvert DN:cn=Brian Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,l=Wilson KS 67490-0190, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brian Boisvert</span></p>  |  |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO /General Manager</span></p>   |  |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">785-658-2111</span></p>  |  |  |  |   |  |
| Study Area Code of Reporting Carrier   | <span style="color: blue;">411849</span> |  | Filing Due Date for this form (mm/dd/yyyy) | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |  |   |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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         |  |        | Date  |                              | 5/18/2015 |
| Printed name of authorized officer      |  |        | John A. Ludevia                               |                              |           |
| 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<br>(mm/dd/yyyy) | 6/16/2015                    |           |

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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: <span style="color: blue;">TOTAH COMMUNICATIONS</span>  |        |  |  |   |  |
| Signature of Authorized Officer or employee: <span style="color: blue;">Keith Watson</span>  |        |  |  | <small>Digitally signed by Keith Watson DN:cn=Keith Watson,email=kewatson@totelcsi.com,O=totah communications,l=Ochelata OK 74051-0300, Date:5/22/2015</small><br><br>Date: <span style="color: blue;">5/22/2015</span> |  |
| Printed name of Authorized Officer or employee: <span style="color: blue;">Keith Watson</span>   |        |  |  |   |  |
| Title or position of Authorized Officer or employee: <span style="color: blue;">Executive VP / Controller</span>   |        |  |  |   |  |
| Telephone number of Authorized Officer or employee: <span style="color: blue;">918-535-2208</span>   |        |  |  |   |  |
| 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

| <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: <span style="color: blue;">BPS Tel. Co.</span></p>   |  |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Lisa Winberry</span></p>  |  |  |  | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Lisa Winberry</span></p>   |  |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">573-293-2277</span></p>  |  |  |  |   |  |
| Study Area Code of Reporting Carrier   | <span style="color: blue;">420463</span> |  | Filing Due Date for this form (mm/dd/yyyy) | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |  |   |  |

TO BE COMPLETED BY 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>IAMO TEL CO - MO</b>   |               |  |  |                        |  |
| Signature of Authorized Officer or employee: <b>Jack Jones</b><br><small>Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel co - mo,l=Coin IA 51636, Date:5/20/2015</small>   |               |  |  | Date: <b>5/20/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Jack Jones</b>  |               |  |  |                        |  |
| Title or position of Authorized Officer or employee: <b>General Manager</b>  |               |  |  |                        |  |
| Telephone number of Authorized Officer or employee: <b>712-583-3232</b>  |               |  |  |                        |  |
| Study Area Code of Reporting Carrier   | <b>421206</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CRAW-KAN TEL COOP-MO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Craig Wilbert</span></p>  |  |  |   | <p>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</p> |  |
| <p>Date: <span style="color: blue;">5/26/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Craig Wilbert</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-724-8235</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">421759</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |  |  |   |  |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Print Name (Last, First, Middle Initial)

Signature of Officer

*Debrah Nobles*

Date

Print Carrier Name

Print Carrier Address (Street, City, State, ZIP)

Print Carrier Phone Number (Area Code, Number)

Print Carrier Email Address

Print Carrier Website

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ALMA COMM. CO.</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Adolf Heins</span></p>  |  |  |   | <p>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</p> |  |
| <p>Date: <span style="color: blue;">5/22/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Adolf Heins</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">660-674-2297</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">421860</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |  |  |   |  |  |



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |               |  |  |  |  |
| <p>Name of Reporting Carrier: <b>CHARITON VALLEY TEL</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>James Simon</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>James Simon</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>660-395-9634</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>421864</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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>CITIZENS TEL CO - MO</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Brian Cornelius</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/18/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Brian Cornelius</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>President &amp; General Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>660-584-6520</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>421865</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>ELLINGTON TEL CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Dee McCormack</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/22/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Dee McCormack</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>President</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>573-663-2000</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>421874</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   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <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: FARBER TEL CO   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Charles Crow <div> <small>Digitally signed by Charles Crow DN:cn=Charles Crow,email=ccrow@ftco.net,O=Farber Tel Co, Inc., Date: 5/15/2015</small> </div>  |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |                 |  |

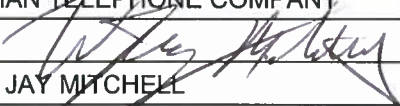
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| <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> |        |  |  |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">FIDELITY TEL CO</span></p>  |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Bell</span></p>   |        |  |  | <p><small>Digitally signed by John Bell DN:cn=John Bell,email=john.bell@fidelitycommunications.com,O=fidelity tel co, Inc., Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Bell</span></p>   |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO/VP - Finance</span></p>   |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">573-468-1268</span></p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 421882 |  | 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

|  |               |  |           |
|--|---------------|--|-----------|
| <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>Fidelity Telephone Co.</b>  |               |  |           |
| Signature of authorized officer <i>Jason L. Ross</i>   |               | Date                                       | 9/10/2015 |
| Printed name of authorized officer <b>Jason L. Ross</b>  |               |  |           |
| Title or position of authorized officer <b>General Counsel and V.P. - Legal</b>  |               |  |           |
| Telephone number of authorized officer: <b>(573) 468-1250</b>  |               |  |           |
| Study Area Code of Reporting Carrier   | <b>421882</b> | 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 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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>GRANBY TEL CO - MO</b>   |               |  |  |  |  |
| Signature of Authorized Officer or employee: <b>Cheri Johnson</b>  |               |  |  | <small>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</small><br>Date: <b>5/15/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Cheri Johnson</b>   |               |  |  |  |  |
| Title or position of Authorized Officer or employee: <b>Corporate Secretary</b>  |               |  |  |  |  |
| Telephone number of Authorized Officer or employee: <b>417-472-5513</b>  |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>421887</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  |        |   |           | 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<br>(mm/dd/yyyy) | 6/16/2015 |  |              |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |        |   |           |  |              |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

|  |               |  |                  |
|--|---------------|--|------------------|
| Name of Reporting Carrier <u>GRAND RIVER MUTUAL TELEPHONE CORPORATION</u>  |               |  |                  |
| Signature of authorized officer <u>Mark Yungeberg</u>  |               | Date                                       | <u>9-8-15</u>    |
| Printed name of authorized officer <u>MARK YUNGBERG</u>  |               |  |                  |
| Title or position of authorized officer <u>VICE PRESIDENT</u>  |               |  |                  |
| Telephone number of authorized officer: <u>860-748-3231</u> , ext.   |               |  |                  |
| Study Area Code of Reporting Carrier   | <u>421888</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>Sept 2015</u> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |                  |

TO BE COMPLETED BY 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: <span style="color: blue;">GREEN HILLS TEL CORP</span></p>   |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Steve Gann</span></p>   |        |  |  | <p>Digitally signed by Steve Gann DN:cn=Steve Gann,email=sgann@ghrc.com,O=green hills tel corp,l=Breckenridge MO 64625, Date:5/21/2015</p> |  |
| <p>Date: <span style="color: blue;">5/21/2015</span></p>   |        |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Steve Gann</span></p>  |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">660-644-5411</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 421890 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |  |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |               |  |  |  |  |
| <p>Name of Reporting Carrier: <b>CHOCTAW TELEPHONE CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Deborah Nobles</b></p>  |               |  |  | <p>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=choctaw telephone co,l=Macclenny FL 32063-0485, Date:5/22/2015</p> |  |
| <p>Date: <b>5/22/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Deborah Nobles</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>VP of Regulatory Affairs</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>904-259-0029</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>421893</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">KLM TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Joe Jetensky</span></p>   |  |  |   | <p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=klm tel co,lc=US, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joe Jetensky</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/GM</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-426-6245</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">421900</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">KINGDOM TELEPHONE CO</span></p>   |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Marla McCowan</span></p>   |        |  |  | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Marla McCowan</span></p>   |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Assistant Board Secretary</span></p>  |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">573-386-2241</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 421901 |  | 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

| <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: <span style="color: blue;">LE-RU TELEPHONE CO</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Robert Hart</span></p>  |  |  |   | <p><small>Digitally signed by Robert Hart DN:cn=Robert Hart,email=hartb@leru.net,O=le-ru telephone co,l=Stella MO 64867-0147, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Hart</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">417-628-3844</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">421908</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: MCDONALD COUNTY TEL   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: <b>Ross Babbitt</b><br><small>Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county tel,l=Pineville MO 64856-0207, Date:5/15/2015</small>   |        |  |  | Date: 5/15/2015 |  |
| Printed name of Authorized Officer 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |                 |  |



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |               |  |  |   |  |
| <p>Name of Reporting Carrier: <b>MARK TWAIN RURAL TEL</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Jim Lyon</b></p>  |               |  |  | <p>Digitally signed by Jim Lyon DN:cn=Jim Lyon,email=jlyon@marktwain.coop,O=mark twain rural tel,l=Hurdland MO 63547-0068, Date:5/15/2015</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Jim Lyon</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Executive VP / General Mgr</b></p>  |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>660-423-5211</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>421914</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>OTELCO MID-MISSOURI</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Dennis Andrews</b></p>  |               |  |  | <p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=otelco mid-missouri, Date: 5/20/2015</p> |  |
| <p>Date: <b>5/20/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Dennis Andrews</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Sr Vice President</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>256-586-1420</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>421917</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 <i>Miller Telephone Company</i>  |                |  |                |
| Signature of authorized officer <i>John R. Ludevia</i>   |                | Date                                       | <i>5/26/15</i> |
| Printed name of authorized officer <i>John R. Ludevia</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) | 6/16/2015      |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">NEW FLORENCE TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Garrin Bott</span></p>  |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Garrin Bott</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-548-2345</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">421927</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">NEW LONDON TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Garrin Bott</span></p>  |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Garrin Bott</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-548-2345</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">421928</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">HOLWAY TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Joe Jetensky</span></p>   |  |  |   | <p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=holway tel co,l= , Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joe Jetensky</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/GM</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-426-6245</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">421929</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>NE MISSOURI RURAL</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>James Sherburne</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>James Sherburne</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>660-874-4111</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>421931</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  |        |  |           | 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 <u>LATHROP TELEPHONE COMPANY</u>  |               |  |               |
| Signature of authorized officer <u>Mark Yungelberg</u>  |               | Date                                       | <u>9-8-15</u> |
| Printed name of authorized officer <u>MARK YUNGBERG</u>   |               |  |               |
| Title or position of authorized officer <u>VICE PRESIDENT</u>   |               |  |               |
| Telephone number of authorized officer: <u>660-748-3231</u> , ext.  |               |  |               |
| Study Area Code of Reporting Carrier  | <u>421932</u> | Filing Due Date for this form (mm/dd/yyyy) | Sept 2015     |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |               |  |               |

TO BE COMPLETED BY 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: <span style="color: blue;">ORCHARD FARM TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Garrin Bott</span></p>  |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Garrin Bott</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-548-2345</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">421934</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: OREGON FARMERS MUT  |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Wendy Ottman <small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=ottman@ofmlive.net,O=oregon farmers mut,l=Oregon MO 64473, Date:5/21/2015</small>   |        |  |  | 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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>PEACE VALLEY TEL CO</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Kelly Bosserman</b></p>   |               |  |  | <p>Digitally signed by Kelly Bosserman DN:cn=Kelly Bosserman,email=kbosserman@hotmail.com,O=peace valley tel co,l=Peace Valley MO 65788-0009, Date:5/18/2015</p> |  |
| <p>Date: <b>5/18/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Kelly Bosserman</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>V.P. Regulatory Affairs</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>417-277-5550</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>421936</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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>ROCK PORT TEL CO</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Rick Bradley</b></p>  |               |  |  | <p>Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel co,l=Rock Port MO 64482-0147, Date:5/19/2015</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Rick Bradley</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>CFO</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>660-744-5311</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>421942</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 <b>Steelville Telephone Company</b>   |  |               |   |                   |
| Signature of authorized officer <i>Donal R Santhuff</i>   |  |               | Date  | <b>05/21/2015</b> |
| Printed name of authorized officer <b>Donal Santhuff</b>  |  |               |   |                   |
| Title or position of authorized officer <b>General Manager</b>  |  |               |   |                   |
| Telephone number of authorized officer: <b>(573) 775-2111</b>   |  |               |   |                   |
| Study Area Code of Reporting Carrier  |  | <b>421949</b> | Filing Due Date for this form<br>(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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>STOUTLAND TEL CO</b>   |               |  |  |  |  |
| Signature of Authorized Officer or employee: <b>Garrin Bott</b>  |               |  |  | <small>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</small><br>Date: <b>5/15/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Garrin Bott</b>   |               |  |  |  |  |
| Title or position of Authorized Officer or employee: <b>President</b>  |               |  |  |  |  |
| Telephone number of Authorized Officer or employee: <b>208-548-2345</b>  |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>421951</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   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <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: LAVACA TEL CO-OK  |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Keith Gibson <small>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</small>  |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |                 |  |



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |        |  |  |                 |  |
| Name of Reporting Carrier: KANOKLA TEL ASSN-OK   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: <b>Greg Aldridge</b><br><small>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</small>  |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |                 |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |               |  |  |  |  |
| <p>Name of Reporting Carrier: <b>S. CENTRAL TEL - OK</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Christina Hickert</b></p>   |               |  |  | <p>Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=chickert@sctelcom.com,O=s. central tel - ok,j= , Date:5/26/2015</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Christina Hickert</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Accounting Manager</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>620-930-1082</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>431831</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>ATLAS TEL CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Barbara Summa</b></p>   |               |  |  | <p>Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas tel co,l=Big Cabin OK 74332-0077, Date:5/26/2015</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Barbara Summa</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>President</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>918-783-5111</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>431966</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |               |  |  |  |  |

TO BE COMPLETED BY 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>BEGGS TEL CO</b>   |               |  |  |                        |  |
| Signature of Authorized Officer or employee: <b>Kay Mount</b><br><small>Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs tel co,l=Beggs OK 74421-0749, Date:5/20/2015</small>  |               |  |  | Date: <b>5/20/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Kay Mount</b>   |               |  |  |                        |  |
| Title or position of Authorized Officer or employee: <b>Pres. &amp; General Manager</b>  |               |  |  |                        |  |
| Telephone number of Authorized Officer or employee: <b>918-267-3636</b>  |               |  |  |                        |  |
| Study Area Code of Reporting Carrier   | <b>431968</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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>CANADIAN VALLEY TEL</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Orlean Smith</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Orlean Smith</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>President / Gen Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>918-334-3700</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>431974</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  | 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  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>Name of Reporting Carrier: <b>CENTRAL OKLAHOMA TEL</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Steve Guest</b></p>   |               |  |  | <p>Digitally signed by Steve Guest DN:cn=Steve Guest,email=steve377@cotc.net,O=central oklahoma tel,l=Davenport OK 74026-0789, Date: 5/26/2015</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Steve Guest</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>President</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>918-377-2241</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>431977</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |               |  |  |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">CHEROKEE TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Samuel Sanchez</span></p>   |  |  |   | <p><small>Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee tel co, e= , Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Samuel Sanchez</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President Operations</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">580-434-5375</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">431979</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |



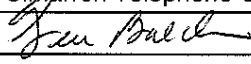
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| <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: <span style="color: blue;">CHICKASAW TEL CO</span></p>   |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Larry Jones</span></p>  |        |  |  | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Larry Jones</span></p>   |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>   |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">580-622-5223</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 431980 |  | 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   |   | Cimarron Telephone Company                 |            |
| Signature of authorized officer   |  | 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<br>(mm/dd/yyyy) | 6/16/2015               |            |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">DOBSON TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Trent LeForce</span></p>   |  |  |   | <p><small>Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=trent.leforce@dobsontechnologies.com,O=dobson tel co,l= , Date:5/18/2015</small></p> |  |
| <p>Date: <span style="color: blue;">5/18/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Trent LeForce</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">405-242-0336</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">431988</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>GRAND TEL CO INC</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Jason Anderson</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Jason Anderson</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Controller/Co-Manager/2nd Vice President</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>918-253-4231</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>431994</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> |  |  |  |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">HINTON TEL CO</span></p>  |  |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kenneth Doughty</span></p>   |  |  |  | <p><small>Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton tel co,l=Hinton OK 73047, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kenneth Doughty</span></p>   |  |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>  |  |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">405-542-3262</span></p>  |  |  |  |   |  |
| Study Area Code of Reporting Carrier   | <span style="color: blue;">431995</span> |  | Filing Due Date for this form (mm/dd/yyyy) | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |  |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">MCLLOUD TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Trent LeForce</span></p>   |  |  |   | <p><small>Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=trent.leforce@dobsontechnologies.com,O=mcloud tel co, Date:5/18/2015</small></p> |  |
| <p>Date: <span style="color: blue;">5/18/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Trent LeForce</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">405-242-0336</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">432006</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>MEDICINE PARK TEL CO</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Dean Pennello</b></p>   |               |  |  | <p>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=deanp@mpelco.com,O=medicine park tel co,l=Medicine Park OK 73557, Date:5/18/2015</p> |  |
| <p>Date: <b>5/18/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Dean Pennello</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>CFO</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>580-529-2700</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>432008</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |               |  |  |   |  |



TO BE COMPLETED BY 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: <span style="color: blue;">OKLATEL COMM.</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Toney Prather</span></p>   |  |  |   | <p><small>Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=oklatel comm.,l=De Leon TX 76444, Date:5/15/2015</small></p> |  |
| <p>Date: <span style="color: blue;">5/15/2015</span></p>   |  |  |   |   |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Toney Prather</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">254-893-1000</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">432013</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: OKLAHOMA WESTERN TEL</p>   |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: Pauline Van Horn</p>   |        |  |  | <p>Digitally signed by Pauline Van Horn DN:cn=Pauline Van Horn,email=pvanhorn.owtc@gmail.com,O=oklahoma western tel,l=Clayton OK 74536, Date:5/27/2015</p> |  |
| <p>Date: 5/27/2015</p>   |        |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: Pauline Van Horn</p>  |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: Chairman</p>   |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: 918-569-4111</p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 432014 |  | 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

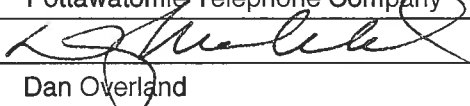
| <b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>  |        |  |  |   |  |
|--|--------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has 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: <span style="color: blue;">PINE TELEPHONE CO</span></p>  |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">John Callaham</span></p>  |        |  |  | <p>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</p> |  |
| <p>Date: <span style="color: blue;">5/26/2015</span></p>   |        |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Callaham</span></p>   |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">580-584-2100</span></p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 432017 |  | 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

| <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: <span style="color: blue;">PIONEER TEL COOP INC</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Richard Ruhl</span></p>   |  |  |   | <p><small>Digitally signed by Richard Ruhl DN:cn=Richard Ruhl,email=raruhl@ptci.com,O=pioneer tel coop inc,l=Kingfisher OK 73750-0539, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Ruhl</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">405-375-0191</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">432018</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

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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 Pottawatomie Telephone Company  |        |  |              |            |
| Signature of authorized officer    |        |  | Date         | 05/15/2015 |
| 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) | ee 6/16/2015 |            |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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   |        |  |  |  |  |
|--|--------|--|--|--|--|
| <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: SALINA-SPAVINAW TEL   |        |  |  |  |  |
| Signature of Authorized Officer or employee: Scott Boone   |        |  |  | <small>Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel,l= , Date:5/26/2015</small><br>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  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |  |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |               |  |  |  |  |
| <p>Name of Reporting Carrier: <b>SHIDLER TEL CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Lisa Patton</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/18/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Lisa Patton</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>918-793-2211</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>432023</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SW OKLAHOMA TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">George Wycoff</span></p>   |  |  |   | <p><small>Digitally signed by George Wycoff DN:cn=George Wycoff,email=swotc@swoi.net,O=sw oklahoma tel co,l=Duke OK 73532, Date:5/20/2015</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">George Wycoff</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Exec. Vice President/General Manager</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">580-679-3345</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">432025</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |



TO BE COMPLETED BY 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: <span style="color: blue;">TERRAL TEL CO</span></p>  |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Dick Segress</span></p>   |        |  |  | <small>Digitally signed by Dick Segress DN:cn=Dick Segress,email=dick@ttslinx.com,O=terral tel co,l= , Date:5/26/2015</small><br><p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dick Segress</span></p>  |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/General Manager</span></p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">405-602-2408</span></p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 432029 |  | 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

| <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: <span style="color: blue;">TOTAH COMMUNICATIONS</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Keith Watson</span></p>   |  |  |   | <p><small>Digitally signed by Keith Watson DN:cn=Keith Watson,email=kewatson@totelcsi.com,O=totah communications,l=Ochelata OK 74051-0300, Date:5/22/2015</small></p> |  |
| <p>Date: <span style="color: blue;">5/22/2015</span></p>   |  |  |   |   |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Keith Watson</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Executive VP / Controller</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">918-535-2208</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">432030</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">VALLIANT TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tommy Dorries</span></p>   |  |  |   | <p><small>Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant tel co,l=Valliant OK 74764, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tommy Dorries</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">580-933-4400</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">432032</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>SANTA ROSA TEL COOP</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Jason Tole</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Jason Tole</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Assistant GM / CFO</b></p>  |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>940-886-2014</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>432141</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   |        |  |  |  |  |
|--|--------|--|--|--|--|
| <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: CAMERON TEL CO TEXAS</p>   |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: Bruce Petry</p>  |        |  |  | <p>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</p> |  |
| <p>Date: 5/18/2015</p>   |        |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: Bruce Petry</p>   |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: President</p>  |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: 337-583-2092</p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 440425 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |  |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |               |  |  |  |  |
| <p>Name of Reporting Carrier: <b>BLOSSOM TEL CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>C. Dorries</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/21/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>C. Dorries</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>President</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>903-982-5200</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>442038</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>  |               |  |  |  |  |

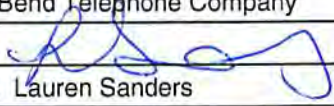
## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## 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  |  |         |   | Big Bend Telephone Co. Inc. |         |
| Signature of authorized officer  |  |         | Date  |                             | 6-20-15 |
| 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   |  | 4420.39 | Filing Due Date for this form<br>(mm/dd/yyyy) | 6/16/2015                   |         |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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>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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>BRAZORIA TEL CO</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Gil Rasco</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Gil Rasco</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Vice President, Operations</b></p>  |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>979-798-2121</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>442040</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  |        |   |           | Brazoria Telephone Company |        |
| Signature of authorized officer  |        |  |           | Date                       | 7-3-15 |
| 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. |        |   |           |                            |        |

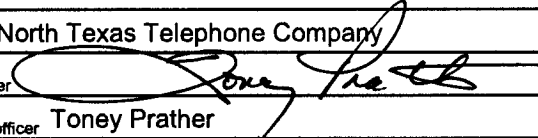
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>BRAZOS TEL COOP INC</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Lonnie Rue</b></p>  |               |  |  | <p>Digitally signed by Lonnie Rue DN:cn=Lonnie Rue,email=lroe@brazosnet.com,O=brazos tel coop inc,lc= , Date:5/26/2015</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Lonnie Rue</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>CEO</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>940-873-4303</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>442041</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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">NORTH TEXAS TEL. CO.</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Toney Prather</span></p>   |  |  |   | <p><small>Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=north texas tel. co.,l=De Leon TX 76444, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Toney Prather</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">254-893-1000</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">442043</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |         |  |                   |
|---|---------|--|-------------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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   |        |  |  |  |  |
|--|--------|--|--|--|--|
| <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: CAP ROCK TEL COOP   |        |  |  |  |  |
| Signature of Authorized Officer or employee: Jim Whitefield  |        |  |  | <small>Digitally signed by Jim Whitefield DN:cn=Jim Whitefield,email=advisory@caprock-spur.com,O=cap rock tel coop,I=Spur TX 79370-0300, Date:5/18/2015</small><br>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  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CENTRAL TEXAS CO-OP</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Jamey Wigley</span></p>   |  |  |   | <p><small>Digitally signed by Jamey Wigley DN:cn=Jamey Wigley,email=jameyw@centexnet.com,O=central texas co-op,l=Goldthwaite TX 76844, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jamey Wigley</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">325-648-2237</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">442052</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">COLEMAN COUNTY CO-OP</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Tim Humpert</span></p>  |  |  |   | <p><small>Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county co-op,l=Santa Anna TX 76878, Date:5/26/2015</small></p> |  |
| <p>Date: <span style="color: blue;">5/26/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tim Humpert</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">325-348-3124</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">442057</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

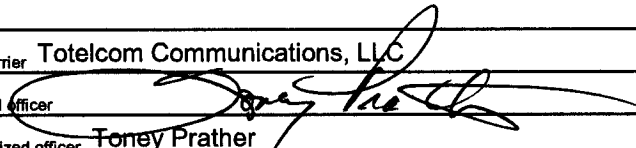
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

|  |  |        |  |   |   |           |  |          |  |
|--|--|--------|--|---|---|-----------|--|----------|--|
| Name of Reporting Carrier  |  |        |  |   | Colorado Valley Telephone Cooperative, Inc. |           |  |          |  |
| Signature of authorized officer  |  |        |  |  |   | 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 |  |          |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">TOTELCOM COMM.</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Toney Prather</span></p>   |  |  |   | <p><small>Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=totelcom comm.,l=De Leon TX 76444, Date:5/15/2015</small></p> |  |
| <p>Date: <span style="color: blue;">5/15/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Toney Prather</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">254-893-1000</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">442060</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Totelcom Communications, LLC</b>  |  |  |                  |
| Signature of authorized officer   |  | Date <b>September 8, 2015</b>              |                  |
| Printed name of authorized officer <b>Toney Prather</b>  |  |  |                  |
| Title or position of authorized officer <b>President</b>   |  |  |                  |
| Telephone number of authorized officer: <b>(254) 893-1000</b>  |  |  |                  |
| Study Area Code of Reporting Carrier <b>44-2060</b>  |  | Filing Due Date for this form (mm/dd/yyyy) | <b>Sept 2015</b> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |  |  |                  |

TO BE COMPLETED BY 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>COMMUNITY TEL CO</b>   |               |  |  |  |  |
| Signature of Authorized Officer or employee: <b>Clifford Humpert</b>   |               |  |  | <small>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</small><br>Date: <b>5/20/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Clifford Humpert</b>  |               |  |  |  |  |
| Title or position of Authorized Officer or employee: <b>Vice President/General Manager</b>   |               |  |  |  |  |
| Telephone number of Authorized Officer or employee: <b>940-423-6201</b>  |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>442061</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |               |  |  |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">CUMBY TEL COOP INC</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Karen Zimmerman</span></p>  |  |  |   | <p><small>Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenz@cumbytel.com,O=cumby tel coop inc,lc=Cumby TX 75433, Date:5/25/2015</small></p> <p>Date: <span style="color: blue;">5/25/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Karen Zimmerman</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">903-994-2211</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">442065</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">DELL TEL. CO-OP - TX</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Marcy Guillen</span></p>   |  |  |   | <p><small>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delcity.com,O=del tel. co-op - tx, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Marcy Guillen</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">915-964-2352</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">442066</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

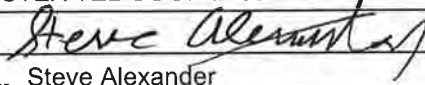
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| 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>Name of Reporting Carrier: <b>EASTEX TEL COOP INC</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Steve Alexander</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Steve Alexander</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>903-854-1121</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>442068</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  |  |   |   | EASTEX TEL COOP INC. |        |
| Signature of authorized officer  |  |  |   | Date                 | 9/8/15 |
| Printed name of authorized officer   |  | Steve Alexander   |   |                      |        |
| Title or position of authorized officer  |  | Chief Financial Officer   |   |                      |        |
| Telephone number of authorized officer:  |  | (903) 854-1121 ext.   |   |                      |        |
| Study Area Code of Reporting Carrier   |  | 442068  | Filing Due Date for this form<br>(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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>ELECTRA TELEPHONE CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Deborah Nobles</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/22/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Deborah Nobles</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>VP of Regulatory Affairs</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>904-259-0029</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>442069</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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>FIVE AREA TEL CO-OP</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Sandy Vandevender</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Sandy Vandevender</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>806-272-5533</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>442071</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 <b>FIVE AREA TEL CO-OP</b>  |               |   |                   |
| Signature of authorized officer <i>Mark Washington</i>  |               | Date  | <b>09/08/2015</b> |
| Printed name of authorized officer <b>Mark Washington</b>   |               |   |                   |
| Title or position of authorized officer <b>Chief Executive Officer</b>  |               |   |                   |
| Telephone number of authorized officer: <b>(806) 272-5533</b>   |               |   |                   |
| Study Area Code of Reporting Carrier  | <b>442071</b> | Filing Due Date for this form<br>(mm/dd/yyyy) | <b>Sept 2015</b>  |
| <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

| <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: <span style="color: blue;">BORDER TO BORDER</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Curtis Hunt</span></p>  |  |  |   | <p><small>Digitally signed by Curtis Hunt DN:cn=Curtis Hunt,email=curtis.hunt@border2border.com,O=border to border, Inc., Date: 5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Curtis Hunt</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">956-936-2000</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">442073</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">GANADO TEL.</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Bill Rakowitz</span></p>  |  |  |   | <p><small>Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado tel.,l=Ganado TX 77962-0329, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bill Rakowitz</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">361-771-3331</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">442076</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>GUADALUPE VALLEY TEL</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Robert Hunt</b></p>   |               |  |  | <p>Digitally signed by Robert Hunt DN:cn=Robert Hunt,email=robert.hunt@gvtc.net,O=guadalupe valley tel, Date:5/18/2015</p> |  |
| <p>Date: <b>5/18/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Robert Hunt</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>VP-Regulatory Affairs &amp; Bus Ops</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>830-885-8239</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>442083</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   |                      |  |                      |
|--|----------------------|--|----------------------|
| <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 neQdonqnm B' qtdq <b>Guadalupe Valley Telephone Cooperative</b></p>   |                      |  |                      |
| <p>Rlf m d qd ne' t sngdydc nstbdq <i>Robert M. Hunt</i></p>   |                      | <p>C' sd</p>   | <p><b>9/3/15</b></p> |
| <p>Otmde m I d ne' t sngdydc nstbdq <b>Robert Hunt</b></p>   |                      |  |                      |
| <p>Shtd nqonr tnmne' t sngdydc nstbdq <b>VP- Regulatory Affairs &amp; Bus Ops</b></p>  |                      |  |                      |
| <p>Sldkogndrt ntl adqne' t sngdydc nstbdq <b>(830) 885-8239</b></p>  |                      |  |                      |
| <p>Rt cx @ Bncd neQdonqnm B' qtdq</p>  | <p><b>442083</b></p> | <p>Elmrf Ct d C' sd enqsgtr end<br/>'I I .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

|  |               |  |                  |
|--|---------------|--|------------------|
| <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>Hill Country Telephone Cooperative, Inc.</b>  |               |  |                  |
| Signature of authorized officer <i>Willard R Bass</i>  |               | Date                                       | <i>5/21/2015</i> |
| Printed name of authorized officer <b>Willard R Bass</b>   |               |  |                  |
| Title or position of authorized officer <b>Board President</b>   |               |  |                  |
| Telephone number of authorized officer: <b>(830) 367-5333</b>  |               |  |                  |
| Study Area Code of Reporting Carrier   | <b>442086</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 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 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ALENCO COMMUNICATION</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ray Bussell</span></p>   |  |  |   | <p><small>Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communication,l=Joshua TX 76058, Date:5/15/2015</small></p> |  |
| <p>Date: <span style="color: blue;">5/15/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ray Bussell</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">817-447-0127</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">442090</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| <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>ETS TEL. CO., INC.</b></p>   |                      |         |   |  |         |
| <p>Signature of Authorized Officer or employee:      <b>Von Kauffman</b></p>   |                      |         |   | <p><small>Digitally signed by Von Kauffman DN:cn=Von Kauffman,email=vkauffman@entouch.net,O=ets tel. co., inc.,l= , Date:5/27/2015</small></p> |         |
| <p>Date:      <b>5/27/2015</b></p>   |                      |         |   |  |         |
| <p>Printed name of Authorized Officer or employee:      <b>Von Kauffman</b></p>  |                      |         |   |  |         |
| <p>Title or position of Authorized Officer or employee:      <b>Chief Financial Officer</b></p>  |                      |         |   |  |         |
| <p>Telephone number of Authorized Officer or employee:      <b>281-225-0525</b></p>  |                      |         |   |  |         |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>442091</b></p> | <p></p> | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2015</b></p>  | <p></p> |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |                      |         |   |  |         |

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |                  |
|--|---------------|--|------------------|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |               |  |                  |
| Name of Reporting Carrier <b>Industry Telephone Company</b>  |               |  |                  |
| Signature of authorized officer <i>Robin Marek</i>   |               | Date                                       | <b>9-8-15</b>    |
| Printed name of authorized officer <b>Robin Marek</b>  |               |  |                  |
| Title or position of authorized officer <b>President/General Manager</b>   |               |  |                  |
| Telephone number of authorized officer: <b>(979) 357-4411</b> ext.   |               |  |                  |
| Study Area Code of Reporting Carrier   | <b>442093</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>Sept 2015</b> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">LA WARD TEL EXCHANGE</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Terri Parker</span></p>   |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Terri Parker</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">361-872-2211</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">442103</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>LIPAN TEL CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Beth Howard</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/18/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Beth Howard</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Sec / Treasurer</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>254-646-2211</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>442105</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   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <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: MID-PLAINS RURAL TEL  |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Rick Hurt <div> <small>Digitally signed by Rick Hurt DN:cn=Rick Hurt,email=rhurt@midplains.org,O=mid-plains rural tel,l=Tulsa TX 79088-0300, Date:5/18/2015</small> </div>  |        |  |  | 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.   |        |  |  |                 |  |

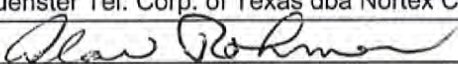
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

|  |  |   |  |
|--|--|---|--|
| <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>Mid-Plains Rural Tel. Co-op. Inc.</b>   |  |   |  |
| Signature of authorized officer <i>Rick Hurt</i>   |  | Date <b>9-8-15</b>  |  |
| Printed name of authorized officer <b>Rick Hurt</b>  |  |   |  |
| Title or position of authorized officer <b>General Manager</b>   |  |   |  |
| Telephone number of authorized officer: <b>(806) 668-4420</b>  |  |   |  |
| Study Area Code of Reporting Carrier <b>442112</b>   |  | Filing Due Date for this form (mm/dd/yyyy) <b>Sept 2015</b> |  |
| <p style="text-align: center;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |  |   |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| <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: <span style="color: blue;">MUNSTER DBA NORTEX</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Alan Rohmer</span></p>  |  |  |   | <p><small>Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=muenster dba nortex,l=Muenster TX 76252, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Alan Rohmer</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">940-759-2251</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">442116</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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>Muenster Tel. Corp. of Texas dba Nortex Communications</b>  |               |  |                   |
| Signature of authorized officer   |               | Date                                       | <b>09/08/2015</b> |
| Printed name of authorized officer <b>Alan Rohmer</b>  |               |  |                   |
| Title or position of authorized officer <b>Chief Financial Officer</b>   |               |  |                   |
| Telephone number of authorized officer: <b>(940) 759-2251</b>  |               |  |                   |
| Study Area Code of Reporting Carrier   | <b>442116</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>Sept 2015</b>  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |               |  |                   |

TO BE COMPLETED BY 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: <span style="color: blue;">PEOPLES TEL COOP -TX</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Gena von Reyn</span></p>  |  |  |   | <p>Digitally signed by Gena von Reyn DN:cn=Gena von Reyn,email=gena.vonreyn@peoplescom.net,O=peoples tel coop -tx,l=Quitman TX 75783, Date:5/19/2015</p> |  |
| <p>Date: <span style="color: blue;">5/19/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gena von Reyn</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Regulatory Affairs Manager</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">903-878-3172</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">442130</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |  |  |   |  |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |  |        |  |            |
|---|--|--------|--|------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). |  |        |  |            |
| Name of Reporting Carrier Peoples Telephone Cooperative, Inc.   |  |        |  |            |
| Signature of authorized officer    |  |        | Date                                       | 09/08/2015 |
| Printed name of authorized officer Steven Steele  |  |        |  |            |
| Title or position of authorized officer CEO/GM  |  |        |  |            |
| Telephone number of authorized officer: (903) 878-3132, ext.  |  |        |  |            |
| Study Area Code of Reporting Carrier  |  | 442130 | Filing Due Date for this form (mm/dd/yyyy) | Sept 2015  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |  |        |  |            |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>POKA-LAMBRO TEL COOP</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>David McEndree</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/22/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>David McEndree</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>806-924-7234</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>442131</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 <b>Riviera Telephone Company, Inc.</b>  |               |  |                  |                 |
| Signature of authorized officer <i>Bill Colston, Jr.</i>  |               |  | Date             | <b>05/20/15</b> |
| Printed name of authorized officer <b>Bill Colston, Jr.</b>   |               |  |                  |                 |
| Title or position of authorized officer <b>President/General Manager</b>  |               |  |                  |                 |
| Telephone number of authorized officer: <b>(361) 296-3232</b>   |               |  |                  |                 |
| Study Area Code of Reporting Carrier  | <b>442134</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b> |                 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |               |  |                  |                 |



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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         |  |        | 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<br>(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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>SOUTHWEST TEXAS TEL</b>  |               |  |  |  |  |
| Signature of Authorized Officer or employee: <b>Gary Gilmer</b>  |               |  |  | <small>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</small><br>Date: <b>5/15/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Gary Gilmer</b>   |               |  |  |  |  |
| Title or position of Authorized Officer or employee: <b>President, CEO</b>   |               |  |  |  |  |
| Telephone number of Authorized Officer or employee: <b>830-683-2111</b>  |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>442135</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |               |  |  |  |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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<br>(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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>SANTA ROSA TEL COOP</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Jason Tole</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Jason Tole</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Assistant GM / CFO</b></p>  |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>940-886-2014</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>442141</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> |  |  |  |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SOUTH PLAINS TEL</span></p>   |  |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Scotty Hart</span></p>  |  |  |  | <p><small>Digitally signed by Scotty Hart DN:cn=Scotty Hart,email=scotthart@sptc.net,O=south plains tel,l=Lubbock TX 79408-1379, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scotty Hart</span></p>   |  |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO / General Manager</span></p>  |  |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">806-763-2301</span></p>  |  |  |  |  |  |
| Study Area Code of Reporting Carrier   | <span style="color: blue;">442143</span> |  | Filing Due Date for this form (mm/dd/yyyy) | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |  |  |  |

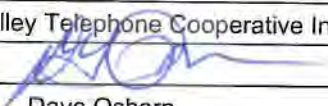
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| 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>Name of Reporting Carrier: <b>TATUM TEL CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Deborah Nobles</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/22/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Deborah Nobles</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>VP of Regulatory Affairs</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>904-259-0029</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>442150</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">TAYLOR TEL CO-OP INC</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steve Singletary</span></p>  |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Steve Singletary</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">325-846-4111</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">442151</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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 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   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <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: WEST TEXAS RURAL TEL  |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Amy Linzey <div> <small>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</small> </div>  |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WES-TEX TEL CO-OP</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">James Wilson</span></p>   |  |  |   | <p><small>Digitally signed by James Wilson DN:cn=James Wilson,email=jamesbobwilson@aol.com,O=wes-tex tel co-op,l=Stanton TX 79782, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Wilson</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Vice President</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">432-756-3393</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">442168</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">XIT RURAL TEL CO-OP</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Darrell Dennis</span></p>   |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Darrell Dennis</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">806-384-3311</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">442170</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

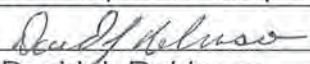
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |               |  |                  |
|---|---------------|--|------------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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>XIT Rural Telephone Cooperative Inc.</i>   |               |  |                  |
| Signature of authorized officer <i>Daniell F. Dennis</i>  |               | Date <i>9-8-2015</i>                       |                  |
| Printed name of authorized officer <i>Daniell F. Dennis</i>   |               |  |                  |
| Title or position of authorized officer <i>General Manager</i>  |               |  |                  |
| Telephone number of authorized officer: <i>806.384.3311</i> , ext.  |               |  |                  |
| Study Area Code of Reporting Carrier  | <i>442170</i> | Filing Due Date for this form (mm/dd/yyyy) | <i>Sept 2015</i> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |               |  |                  |

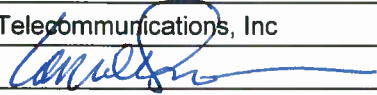
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

|   |  |        |  |   |                                 |           |  |            |  |
|---|--|--------|--|---|---------------------------------|-----------|--|------------|--|
| Name of Reporting Carrier   |  |        |  |   | ENMR Telephone Cooperative - TX |           |  |            |  |
| Signature of authorized officer   |  |        |  |  |                                 | Date      |  | 05-26-2015 |  |
| Printed name of authorized officer  |  |        |  | David J. Robinson   |                                 |           |  |            |  |
| Title or position of authorized officer   |  |        |  | Chief Financial Officer/Assistant CEO   |                                 |           |  |            |  |
| Telephone number of authorized officer:   |  |        |  | (575) 389-5100  |                                 |           |  |            |  |
| Study Area Code of Reporting Carrier  |  | 442262 |  | Filing Due Date for this form<br>(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 Onsae</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

| <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: <span style="color: blue;">SAN CARLOS APACHE</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Shirley Ortiz</span></p>  |  |  |   | <p><small>Digitally signed by Shirley Ortiz DN:cn=Shirley Ortiz,email=shirley.ortiz@scatui.com,O=san carlos apache,I=Peridot AZ 85542, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Shirley Ortiz</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">928-475-7058</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">452169</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

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 <b>Tohono O'odham Utility Authority</b>   |               |  |                  |                     |
| Signature of authorized officer <i>Harriet Toro</i>   |               |  | Date             | <b>May 22, 2015</b> |
| Printed name of authorized officer <b>Harriet Toro</b>  |               |  |                  |                     |
| Title or position of authorized officer <b>Chairwoman</b>   |               |  |                  |                     |
| Telephone number of authorized officer: <b>(520) 383-2236</b>   |               |  |                  |                     |
| Study Area Code of Reporting Carrier  | <b>452173</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   |        |  |  |   |  |
|--|--------|--|--|---|--|
| <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: VALLEY TEL COOP-AZ</p>   |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: Steven Metts</p>   |        |  |  | <p>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</p> |  |
| <p>Date: 5/19/2015</p>   |        |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: Steven Metts</p>  |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: CEO / General Manager</p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: 520-384-2231</p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 452176 |  | 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>  |        |  |  |   |  |

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

|  |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>ACCIPITER DBA ZONA</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee:      <b>Jennifer Vellucci</b></p>  |               |  |  | <small>Digitally signed by Jennifer Vellucci DN:cn=Jennifer Vellucci,email=jvellucci@teamzona.com,O=accipiter dba zona,l= , Date:5/15/2015</small><br><br><p>Date:      <b>5/15/2015</b></p> |  |
| <p>Printed name of Authorized Officer or employee:      <b>Jennifer Vellucci</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee:      <b>Vice President/CFO</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee:      <b>623-455-4500</b></p>  |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>452191</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</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

| <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: <span style="color: blue;">FORT MOJAVE TEL, INC</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Linda Gutierrez</span></p>  |  |  |   | <p><small>Digitally signed by Linda Gutierrez DN:cn=Linda Gutierrez, email=linfnti@ftmojave.net, O=fort mojave tel, inc, l= , Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Linda Gutierrez</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">928-346-2521</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">452200</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">MIDVALE-AZ</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Stuart</span></p>   |  |  |   | <p><small>Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale-az,l=Midvale ID 83645, Date:5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Stuart</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-355-2211</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">452226</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |


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 <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  |  | 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  |        |  |           |
|---|--------|--|-----------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). |        |  |           |
| Name of Reporting Carrier Saddleback Communications   |        |  |           |
| Signature of authorized officer    |        | Date                                       | 5-18-15   |
| Printed name of authorized officer Bill Bryant  |        |  |           |
| Title or position of authorized officer President/General Manager   |        |  |           |
| Telephone number of authorized officer: (480) 362-7001  |        |  |           |
| Study Area Code of Reporting Carrier  | 457991 | 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

| <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: <span style="color: blue;">AGATE MUTUAL TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Amy Noah</span></p>  |  |  |   | <p><small>Digitally signed by Amy Noah DN:cn=Amy Noah,email=amtca@amtca.net,O=agate mutual tel co,l=Agate CO 80101-0038, Date: 5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Amy Noah</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">719-764-2578</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">462178</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |



TO BE COMPLETED BY 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>BIJOU TEL COOP ASSOC</b>   |               |  |  |                        |  |
| Signature of Authorized Officer or employee: <b>Brian Creveling</b><br><small>Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel coop assoc,l= , Date:5/27/2015</small>   |               |  |  | Date: <b>5/27/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Brian Creveling</b>   |               |  |  |                        |  |
| Title or position of Authorized Officer or employee: <b>General Manager</b>  |               |  |  |                        |  |
| Telephone number of Authorized Officer or employee: <b>303-822-5400</b>  |               |  |  |                        |  |
| Study Area Code of Reporting Carrier   | <b>462181</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> |        |  |  |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">BLANCA TEL CO</span></p>  |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Alan Wehe</span></p>   |        |  |  | <p><small>Digitally signed by Alan Wehe DN:cn=Alan Wehe,email=alanwehe@gojade.org,O=blanca tel co,l=Alamosa CO 81101, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Alan Wehe</span></p>   |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">719-379-3839</span></p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 462182 |  | 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   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <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: EASTERN SLOPE RURAL   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Patricia White <small>Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.coop,O=eastern slope rural,l=Hugo CO 80821-0397, Date:5/15/2015</small>  |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |  |  |  |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">FARMERS TEL CO - CO</span></p>  |  |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Douglas Pace</span></p>   |  |  |  | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Douglas Pace</span></p>  |  |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">970-562-0058</span></p>  |  |  |  |   |  |
| Study Area Code of Reporting Carrier   | <span style="color: blue;">462188</span> |  | Filing Due Date for this form (mm/dd/yyyy) | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |  |   |  |

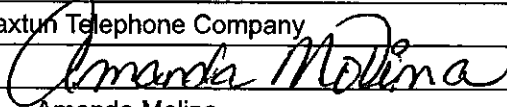
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| 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>Name of Reporting Carrier: <b>HAXTUN TEL CO</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Deborah Nobles</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/22/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Deborah Nobles</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>VP of Regulatory Affairs</b></p>  |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>904-259-0029</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>462190</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  |  |        |   | Haxtun Telephone Company |      |
| Signature of authorized officer  |  |        |  |                          | Date |
| Printed name of authorized officer   |  |        | Amanda Molina   |                          |      |
| Title or position of authorized officer  |  |        | Vice President of External Relations  |                          |      |
| Telephone number of authorized officer:  |  |        | (904) 259-0029 ext.   |                          |      |
| Study Area Code of Reporting Carrier   |  | 462190 | Filing Due Date for this form<br>(mm/dd/yyyy)                                     | 4/15/2016                |      |
| 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

| <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: <span style="color: blue;">NUCLA-NATURITA TEL</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Kelly Tomlinson</span></p>  |  |  |   | <p>Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=kelly@nntc.bz,O=nucula-naturita tel,I=Nucula CO 81424, Date:5/22/2015</p> |  |
| <p>Date: <span style="color: blue;">5/22/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kelly Tomlinson</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">970-864-7335</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">462193</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">NUNN TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Greg Grablander</span></p>   |  |  |   | <p><small>Digitally signed by Greg Grablander DN:cn=Greg Grablander, email=greg@ezlink.com, O=nunn tel co, I=Nunn CO 80648, Date: 5/27/2015</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Greg Grablander</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">970-897-2200</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">462194</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |  |  |
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| <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>SOUTH PARK TEL. CO.</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>David Shipley</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/16/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>David Shipley</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>719-676-4151</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>462195</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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">PEETZ COOP TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Kathy Glassburn</span></p>  |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kathy Glassburn</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">970-334-2220</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">462196</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">PHILLIPS COUNTY TEL</span></p>  |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Vincent Kropp</span></p>   |        |  |  | <p><small>Digitally signed by Vincent Kropp DN:cn=Vincent Kropp,email=vince.kropp@pctelcom.org,O=phillips county tel,l=Holyoke CO 80734, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Vincent Kropp</span></p>   |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">970-854-2201</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 462197 |  | 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

| <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: <span style="color: blue;">PINE DRIVE TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Matthew Sellers</span></p>   |  |  |   | <p><small>Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel co,l=Beulah CO 81023, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Matthew Sellers</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">719-485-3400</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">462198</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |   |  |
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| <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>PLAINS COOP TEL ASSN</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>D. Felty</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>D. Felty</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>970-358-4211</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>462199</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> |  |  |  |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">RICO TEL CO</span></p>  |  |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Douglas Pace</span></p>  |  |  |  | <p><small>Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dpace@ftitel.net,O=rco tel co,l=Pleasant View CO 81331-0369, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Douglas Pace</span></p>  |  |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">970-562-0058</span></p>  |  |  |  |  |  |
| Study Area Code of Reporting Carrier   | <span style="color: blue;">462201</span> |  | Filing Due Date for this form (mm/dd/yyyy) | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |  |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">ROGGEN TEL COOP CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Peggy Manino</span></p>   |  |  |   | <p>Digitally signed by Peggy Manino DN:cn=Peggy Manino,email=pmanino@rtebb.net,O=roggen tel coop co,l=Roggen CO 80652-0100, Date:5/18/2015</p> |  |
| <p>Date: <span style="color: blue;">5/18/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Peggy Manino</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">303-849-5260</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">462202</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |        |  |  |   |  |
| Name of Reporting Carrier: <span style="color: blue;">RYE TELEPHONE CO</span>  |        |  |  |   |  |
| Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Shipley</span>  |        |  |  | <small>Digitally signed by David Shipley DN: cn=David Shipley, email=dshipley@ghvalley.net, O=rye telephone co, j=Colorado City CO 81019-0166, Date: 5/16/2015</small><br><br>Date: <span style="color: blue;">5/16/2015</span> |  |
| Printed name of Authorized Officer or employee: <span style="color: blue;">David Shipley</span>  |        |  |  |   |  |
| Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>  |        |  |  |   |  |
| Telephone number of Authorized Officer or employee: <span style="color: blue;">719-676-3131</span>   |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 462203 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |   |  |



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |               |  |  |  |  |
| <p>Name of Reporting Carrier: <b>STONEHAM COOP TEL CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Taya Northrup</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/16/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Taya Northrup</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Office Manager</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>970-735-2251</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>462206</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 Wiggins Telephone Association

Signature of authorized officer *Terry Hendrickson* Date 5/21/15

Printed name of authorized officer Terry Hendrickson

Title or position of authorized officer CEO/GM

Telephone number of authorized officer: (970) 483-7343 ext.

Study Area Code of Reporting Carrier 462209 Filing Due Date for this form (mm/dd/yyyy) 6/16/2015

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

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>WILLARD TEL CO</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Aimee Dollerschell</b></p>  |               |  |  | <p>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel co,l= , Date:5/26/2015</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Aimee Dollerschell</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>970-228-4571</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>462210</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

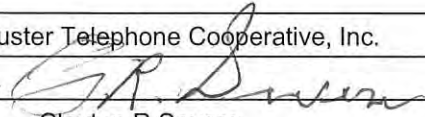
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |                        |  |
|--|---------------|--|--|------------------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting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

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>CAMBRIDGE TEL CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Kristie Kanady</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/21/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Kristie Kanady</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Billing Manager</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>208-257-3314</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>472215</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>  |               |  |  |  |  |

472218

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |        |  |  |              |
|---|--------|--|--|--------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). |        |  |  |              |
| Name of Reporting Carrier Custer Telephone Cooperative, Inc.  |        |  |  |              |
| Signature of authorized officer    |        |  | Date                                       | May 26, 2015 |
| Printed name of authorized officer Clayton R Severe   |        |  |  |              |
| Title or position of authorized officer President   |        |  |  |              |
| Telephone number of authorized officer: (208) 879-2281 ext.   |        |  |  |              |
| Study Area Code of Reporting Carrier  | 472218 |  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015    |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |        |  |  |              |

TO BE COMPLETED BY 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>FILER MUTUAL TEL -ID</b>   |               |  |  |  |  |
| Signature of Authorized Officer or employee: <b>Steve Cowger</b>   |               |  |  | <small>Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -id,j=Filer ID 83328, Date:5/20/2015</small><br>Date: <b>5/20/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Steve Cowger</b>  |               |  |  |  |  |
| Title or position of Authorized Officer or employee: <b>General Manager</b>  |               |  |  |  |  |
| Telephone number of Authorized Officer or employee: <b>208-326-4339</b>  |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>472220</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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">FARMERS MUTUAL TEL</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Daniel Greig</span></p>  |  |  |   | <p><small>Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmtc.com,O=farmers mutual tel,l=Fruitland ID 83619, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Daniel Greig</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-452-3100</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">472221</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |



TO BE COMPLETED BY 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>Fremont Telcom</b>   |               |  |  |  |  |
| Signature of Authorized Officer or employee: <b>Stacey Mueller</b>   |               |  |  | <small>Digitally signed by Stacey Mueller DN:cn=Stacey Mueller,email=smueller@blackfoot.com,O=fremont telcom,l= , Date:5/26/2015</small><br>Date: <b>5/26/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Stacey Mueller</b>  |               |  |  |  |  |
| Title or position of Authorized Officer or employee: <b>CFO</b>  |               |  |  |  |  |
| Telephone number of Authorized Officer or employee: <b>406-541-5424</b>  |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>472222</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   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <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: MIDVALE TEL EXCH INC  |        |  |  |                 |  |
| Signature of Authorized Officer or employee: John Stuart<br><small>Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtcom.com,O=midvale tel exch inc,l=Midvale ID 83645, Date:5/27/2015</small>   |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 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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MUD LAKE TELEPHONE

APPENDIX D

01/05/2012 22:28

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DOBSON

EXHIBIT 2  
PAGE 04/04

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 <i>Justin Petersen</i>  |  | 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 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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: PROJECT MUTUAL TEL  |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Rick Harder <div> <small>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel, Date:5/26/2015</small> </div>   |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |                 |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

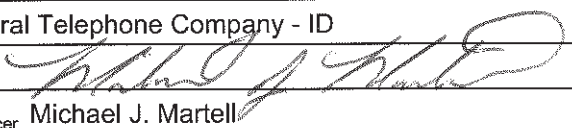
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |               |  |  |   |  |
| <p>Name of Reporting Carrier: <b>DIRECT COMM-ROCKLAND</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Leonard May</b></p>   |               |  |  | <p>Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland, =Rockland ID 83271, Date:5/15/2015</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Leonard May</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>President</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>208-548-2345</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>472232</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |               |  |  |   |  |

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 <b>Rural Telephone Company - ID</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</b> , ext.  |               |   |                  |
| Study Area Code of Reporting Carrier  | <b>472233</b> | Filing Due Date for this form<br>(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

| <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: <span style="color: blue;">SILVER STAR TEL- ID</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Jefferson England</span></p>  |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/27/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jefferson England</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">307-883-6675</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">472295</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">INLAND TEL-ID</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">James Brooks</span></p>   |  |  |   | <p><small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel-id,I=Roslyn WA 98941, Date:5/20/2015</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Brooks</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer/Controller/Reg. Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">509-649-2211</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">472423</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |



TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>BLACKFOOT TEL - BTC</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Stacey Mueller</b></p>  |               |  |  | <p>Digitally signed by Stacey Mueller DN:cn=Stacey Mueller,email=smueller@blackfoot.com,O=blackfoot tel - btc,l= , Date:5/26/2015</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Stacey Mueller</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>CFO</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>406-541-5424</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>482235</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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">HOT SPRINGS TEL CO</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Kathe Johnson</span></p>  |  |  |   | <p>Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe_ann@yahoo.com,O=hot springs tel co,l=Missoula MT 59808, Date:5/20/2015</p> |  |
| <p>Date: <span style="color: blue;">5/20/2015</span></p>   |  |  |   |   |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kathe Johnson</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-721-0846</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">482241</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |  |  |   |   |  |

482242

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

**482242**

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

6/16/2015

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

TO BE COMPLETED BY 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: <span style="color: blue;">LINCOLN TEL CO INC</span></p>   |  |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Ken Lumpkin</span></p>  |  |  |  | <p><small>Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@lincotel.net,O=lincoln tel co inc,lc= , Date: 5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ken Lumpkin</span></p>   |  |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager / Secretary / Treasurer</span></p>  |  |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-362-4216</span></p>  |  |  |  |  |  |
| Study Area Code of Reporting Carrier   | <span style="color: blue;">482244</span> |  | Filing Due Date for this form (mm/dd/yyyy) | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |  |  |  |

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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>NEMONT TEL COOP-MT</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Remi Sun</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Remi Sun</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>CFO</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>406-783-2358</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>482247</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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>NORTHERN TEL COOP</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Mike Sheard</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/20/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Mike Sheard</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>406-937-9661</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>482248</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   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <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: PROJECT TEL CO  |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Remi Sun<br><small>Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=project tel co,l=Scobey MT 59263-0600, Date:5/26/2015</small>   |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |                 |  |



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |               |  |  |  |  |
| <p>Name of Reporting Carrier: <b>RANGE TEL COOP-MT</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Mike Dolezal</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/22/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Mike Dolezal</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>406-347-2226</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>482251</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SOUTHERN MONTANA TEL</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Larry Mason</span></p>  |  |  |   | <p>Digitally signed by Larry Mason DN:cn=Larry Mason,email=LMason@SMTel.com,O=southern montana tel,l=Wisdom MT 59761, Date:5/21/2015</p> |  |
| <p>Date: <span style="color: blue;">5/21/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Larry Mason</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President/General Manager</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-689-3333</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">482254</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>3-RIVERS TEL COOP</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Bradley Veis</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Bradley Veis</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Director of Finance/CFO</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>406-467-4405</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>482255</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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>TRIANGLE TEL COOP</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Richard Stevens</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/18/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Richard Stevens</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>406-394-2000</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>482257</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   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <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: BLACKFOOT TEL - CFT   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Stacey Mueller <div> <small>Digitally signed by Stacey Mueller DN:cn=Stacey Mueller,email=smueller@blackfoot.com,O=blackfoot tel - cft, Date:5/26/2015</small> </div>   |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CENTRAL MONTANA</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Richard Stevens</span></p>  |  |  |   | <p><small>Digitally signed by Richard Stevens DN:cn=Richard Stevens,email=rstevens@itstriangle.net,O=central montana,l=Havre MT 59501-1220, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Stevens</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-394-2000</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">483310</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">MESCALERO APACHE</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Godfrey Enjady</span></p>  |  |  |   | <p><small>Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache,I=Mescalero NM 88340, Date:5/27/2015</small></p> |  |
| <p>Date: <span style="color: blue;">5/27/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Godfrey Enjady</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">505-795-5555</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">491231</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>DELL TEL CO-OP - NM</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Marcy Guillen</b></p>   |               |  |  | <p>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delcity.com,O=del tel co-op - nm,l= , Date:5/21/2015</p> |  |
| <p>Date: <b>5/21/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Marcy Guillen</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Office Manager</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>915-964-2352</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>492066</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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">VALLEY TEL COOP - NM</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Steven Metts</span></p>   |  |  |   | <p><small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop - nm,l=Willcox AZ 85644, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Steven Metts</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO / General Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">520-384-2231</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">492176</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

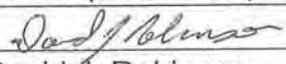
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that 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>Name of Reporting Carrier: <b>BACA VALLEY TEL CO</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Peggy Briesh</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Peggy Briesh</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Assistant Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>575-278-2101</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>492259</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>  |               |  |  |   |  |

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |               |  |  |  |  |
| <p>Name of Reporting Carrier: <b>LA JICARITA RURAL</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Danny Gray</b></p>  |               |  |  | <p>Digitally signed by Danny Gray DN:cn=Danny Gray,email=dgray@lajicarita.com,O=la jicarita rural,I=Mora NM 87732-0269, Date:5/26/2015</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Danny Gray</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>575-387-2216</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>492263</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> |        |  |  |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">LEACO RURAL TEL COOP</span></p>   |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Dale Snider</span></p>  |        |  |  | <p><small>Digitally signed by Dale Snider DN:cn=Dale Snider,email=dsnider@leaco.org,O=leaco rural tel coop,l= , Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dale Snider</span></p>   |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-433-4301</span></p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 492264 |  | 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

| <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: <span style="color: blue;">Tularosa Basin Tel.</span></p>  |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Joshua Beug</span></p>   |        |  |  | <p><small>Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbt.net,O=tularosa basin tel.,l= , Date:5/20/2015</small></p> |  |
| <p>Date: <span style="color: blue;">5/20/2015</span></p>   |        |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joshua Beug</span></p>   |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-585-0125</span></p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 492265 |  | 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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>WESTERN NEW MEXICO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>John Francis</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/27/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>John Francis</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Exec. Vice President</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>575-535-2230</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>492268</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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">PENASCO VALLEY TEL</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Kevin Bartley</span></p>  |  |  |   | <p><small>Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel,lc= , Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kevin Bartley</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-748-1241</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">492270</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |



TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>ROOSEVELT CNTY RURAL</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Cecile Archibeque</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/20/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Cecile Archibeque</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager/EO</b></p>  |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>575-226-2255</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>492272</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  |  |        |   | Roosevelt County Rural Telephone Cooperative, Inc. |           |
| Signature of authorized officer  |  |        | Date  |  | 4/11/2016 |
| Printed name of authorized officer   |  |        | Cecile Archibeque                             |  |           |
| Title or position of authorized officer  |  |        | General Manager/Executive Officer             |  |           |
| Telephone number of authorized officer:  |  |        | (575) 226-2255                                |  |           |
| Study Area Code of Reporting Carrier   |  | 492272 | Filing Due Date for this form<br>(mm/dd/yyyy) | 4/15/2016  |           |
| 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   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <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: SACRED WIND   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: John Badal <div> <small>Digitally signed by John Badal DN:cn=John Badal,email=jbadal@sacred-wind.com,O=sacred wind,l= , Date:5/20/2015</small> </div>   |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |        |  |  |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">DIRECTCOMM-CEDAR VAL</span></p>   |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Kip Wilson</span></p>   |        |  |  | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kip Wilson</span></p>  |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-548-2345</span></p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 500758 |  | 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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>CENTRAL UTAH TEL INC</b>   |               |  |  |   |  |
| Signature of Authorized Officer or employee: <b>Mike Plows</b>   |               |  |  | <small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc,lc=, Date:5/15/2015</small><br>Date: <b>5/15/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Mike Plows</b>  |               |  |  |   |  |
| Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>  |               |  |  |   |  |
| Telephone number of Authorized Officer or employee: <b>425-275-1013</b>  |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>502277</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>GUNNISON TEL CO</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Natalie Gleave</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Natalie Gleave</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Controller/Director</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>435-528-7236</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>502279</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MANTI TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Dallas Cox</span></p>   |  |  |   | <p><small>Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti tel co,lc= , Date: 5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dallas Cox</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President and General Manager</span></p>   |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">435-835-3391</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">502282</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">SKYLINE TELECOM</span></p>  |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Mike Plows</span></p>   |        |  |  | <p><small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,l= , Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Plows</span></p>  |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>  |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">425-275-1013</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 502283 |  | 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

| <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: <span style="color: blue;">BEEHIVE TEL CO - UT</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Jacob Warner</span></p>   |  |  |   | <p><small>Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive tel co - ut,lc=US, Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jacob Warner</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">435-837-6000</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">502284</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">SOUTH CENTRAL UTAH</span></p>   |  |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Michael East</span></p>  |  |  |  | <p><small>Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah,l= , Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Michael East</span></p>  |  |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span></p>  |  |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">435-826-4211</span></p>  |  |  |  |  |  |
| Study Area Code of Reporting Carrier   | <span style="color: blue;">502286</span> |  | Filing Due Date for this form (mm/dd/yyyy) | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |  |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>UBTA-UBET/STRATA</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Karl Searle</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Karl Searle</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>CFO</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>435-622-5472</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>502287</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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">ALL WEST COMM-UT</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jenny Prescott</span></p>  |  |  |   | <p><small>Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,l=Kamas UT 84036, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jenny Prescott</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">VP Customer Service &amp; Finance</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">435-783-4913</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">502288</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>BEAR LAKE COMM</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Mike Plows</b></p>  |               |  |  | <p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake comm,l= , Date:5/15/2015</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Mike Plows</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>425-275-1013</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>503032</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>RANGE TEL COOP - WY</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Mike Dolezal</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/22/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Mike Dolezal</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>406-347-2226</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>512251</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>CHUGWATER TEL CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>James Moberly</b></p>   |               |  |  | <p>Digitally signed by James Moberly DN:cn=James Moberly,email=jmoberly@mwtdcorp.net,O=chugwater tel co,l=Chugwater WY 82210, Date:5/27/2015</p> |  |
| <p>Date: <b>5/27/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>James Moberly</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>President</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>307-422-3535</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>512289</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>  |               |  |  |  |  |

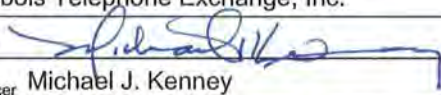
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <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: ALL WEST COMM.-WY   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Jenny Prescott <div> <small>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</small> </div>  |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |                 |  |



512291

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |               |  |                  |
|---|---------------|--|------------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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>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> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>Name of Reporting Carrier: <b>SILVER STAR TEL-WY</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Jefferson England</b></p>   |               |  |  | <p>Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel-wy,l=Freedom WY 83120, Date:5/27/2015</p> |  |
| <p>Date: <b>5/27/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Jefferson England</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>CFO</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>307-883-6675</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>512295</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">WESTGATE dba WEAVTEL</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Richard Weaver</span></p>   |  |  |   | <p>Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=rick@weavnet.com,O=westgate dba weavtel, =Chelan WA 98816, Date:5/15/2015</p> |  |
| <p>Date: <span style="color: blue;">5/15/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Weaver</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">509-682-5556</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">520580</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: <span style="color: blue;">SKYLINE TELECOM CO.</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Delinda Kluser</span></p>   |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Delinda Kluser</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President, Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">541-932-4411</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">520581</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: <span style="color: blue;">HAT ISLAND TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Russell</span></p>   |  |  |   | <p><small>Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=bruce.russell@whidbeytel.com,O=hat island tel co, Inc., Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Russell</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-321-0086</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">522417</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

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 <b>Pend Oreille Telephone Company</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</b> ext.   |               |  |                  |
| Study Area Code of Reporting Carrier   | <b>522418</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>HOOD CANAL TEL CO</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Richard Buechel</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/27/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Richard Buechel</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>President</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>360-898-2481</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>522419</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">INLAND TEL CO -WA</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">James Brooks</span></p>   |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Brooks</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer/Controller/Reg. Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">509-649-2211</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">522423</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |



TO BE COMPLETED BY 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: <span style="color: blue;">KALAMA TEL CO</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Rick Vitzthum</span></p>  |  |  |   | <p><small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama tel co,l=Tenino WA 98589, Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rick Vitzthum</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-264-3155</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">522426</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

522431

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Print Name (Last, First, Middle Initial)

Signature of Officer (Last, First, Middle Initial)

Date

Print Carrier Name (Last, First, Middle Initial)

Print Carrier Address (Street, City, State, ZIP)

Print Carrier Phone Number (Area Code, Number)

Print Carrier Email Address

Print Carrier Title

6/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>504.549.3511 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

| <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: <span style="color: blue;">ST. JOHN TEL.</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gregory Morasch</span></p>   |  |  |   | <p><small>Digitally signed by Gregory Morasch DN:cn=Gregory Morasch,email=gmorasch@stjohncable.com,O=st. john tel.,l=St. John WA 99171, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gregory Morasch</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">509-648-3322</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">522442</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

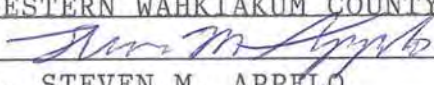
| <b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied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

TO BE COMPLETED BY 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: <span style="color: blue;">TOLEDO TELEPHONE CO</span></p>  |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Philip Cappalonga</span></p>  |        |  |  | <p><small>Digitally signed by Philip Cappalonga DN: cn=Philip Cappalonga, email=phil@toledotel.com, O=toledo telephone co, l= , Date: 5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Philip Cappalonga</span></p>   |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>  |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-864-2004</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 522447 |  | 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>  |        |  |  |  |  |

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

| <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: <span style="color: blue;">WHIDBEY TEL CO.</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Bruce Russell</span></p>  |  |  |   | <p><small>Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=bruce.russell@whidbeytel.com,O=whidbey tel co.,l= , Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Russell</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-321-0086</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">522452</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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>BEAVER CREEK COOP</b>  |               |  |  |                        |  |
| Signature of Authorized Officer or employee: <b>Paul Hauer</b><br><small>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</small>   |               |  |  | Date: <b>5/20/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Paul Hauer</b>  |               |  |  |                        |  |
| Title or position of Authorized Officer or employee: <b>CEO/President</b>  |               |  |  |                        |  |
| Telephone number of Authorized Officer or employee: <b>503-632-6314</b>  |               |  |  |                        |  |
| Study Area Code of Reporting Carrier   | <b>532359</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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>CANBY TEL ASSN</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Paul Hauer</b></p>  |               |  |  | <p>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby tel assn,l=Oregon City OR 97045, Date:5/20/2015</p> |  |
| <p>Date: <b>5/20/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Paul Hauer</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>CEO/President</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>503-632-6314</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>532362</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">CLEAR CREEK MUTUAL</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Mitchell Moore</span></p>   |  |  |   | <p><small>Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual,j= , Date:5/15/2015</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mitchell Moore</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-631-2101</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">532363</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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: COLTON TEL CO   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: <b>Stephanie Sauvageau</b><br><small>Digitally signed by Stephanie Sauvageau DN:cn=Stephanie Sauvageau,email=stephanie@coltontel.com,O=colton tel co,l=Colton OR 97017, Date:5/18/2015</small>  |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">EAGLE TEL SYSTEMS</span></p>  |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Mike Lattin</span></p>  |  |  |   | <p><small>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</small></p> |  |
| <p>Date: <span style="color: blue;">5/26/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Lattin</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">541-893-6111</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">532369</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>CASCADE UTIL INC</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Brooke Wheeler</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Brooke Wheeler</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>CFO</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>503-630-8952</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>532371</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">GERVAIS TELEPHONE CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">John Hoffmann</span></p>  |  |  |   | <p><small>Digitally signed by John Hoffmann DN:cn=John Hoffmann,email=jhoffmann@datavision.coop,O=gervais telephone co,l=Gervais OR 97026, Date:5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Hoffmann</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-792-3611</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">532373</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

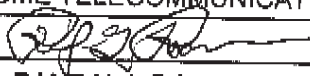


532375

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   |  | 532375  | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015                    |         |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |   |  |                              |         |

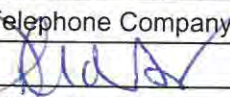
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| <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: <span style="color: blue;">HELIX TEL CO.</span></p>  |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">James Smith</span></p>  |        |  |  | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/15/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Smith</span></p>   |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>  |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">541-457-2385</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 532376 |  | 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 <b>Home Telephone Company</b>   |               |   |                  |
| Signature of authorized officer  |               | Date <b>05/19/2015</b>                        |                  |
| Printed name of authorized officer <b>Delinda Kluser</b>  |               |   |                  |
| Title or position of authorized officer <b>Vice-Pres, Manager</b>   |               |   |                  |
| Telephone number of authorized officer: <b>(541) 932-4411</b> ext.  |               |   |                  |
| Study Area Code of Reporting Carrier  | <b>532377</b> | Filing Due Date for this form<br>(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   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <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: TRANS-CASCADES TEL  |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Brooke Wheeler <div> <small>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</small> </div>   |        |  |  | 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<br>(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

| <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: <span style="color: blue;">MONITOR COOP TEL</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Geri Fraijo</span></p>  |  |  |   | <p><small>Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor coop tel,lc=US, Date: 5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Geri Fraijo</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-634-2266</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">532384</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>MONROE TELEPHONE CO.</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Donna Dillard</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Donna Dillard</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Secretary - Treasurer</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>541-847-5135</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>532385</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>MT. ANGEL TEL CO.</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Paul Hauer</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/20/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Paul Hauer</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>CEO/President</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>503-632-6314</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>532386</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>  |               |  |  |  |  |




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</b> , ext.   |               |  |                  |
| Study Area Code of Reporting Carrier:  | <b>532387</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   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |        |  |  |                 |  |
| Name of Reporting Carrier: NORTH STATE TEL CO.   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Delinda Kluser <small>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</small>  |        |  |  | 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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>OREGON TEL CORP</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>  |               |  |  | <p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp,l=Mt. Vernon OR 97865-0609, Date:5/19/2015</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>532389</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>OREGON-IDAHO UTIL.</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Justin Perez</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/21/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Justin Perez</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Controller / Corporate Secretary</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>208-461-7802</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>532390</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">PEOPLES TEL CO. - OR</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Curt Thornton</span></p>  |  |  |   | <p>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=peoples tel co. - or,I=Stayton OR 97383, Date:5/19/2015</p> |  |
| <p>Date: <span style="color: blue;">5/19/2015</span></p>   |  |  |   |  |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Thornton</span></p>   |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-769-2121</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">532391</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>PINE TEL SYSTEM INC.</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>532392</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>PIONEER TEL COOP</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Michael Whalen</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/18/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Michael Whalen</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>541-929-8256</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>532393</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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>ST PAUL COOP ASSN</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Nick Schneider</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Nick Schneider</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>503-633-2111</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>532396</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">SCIO MUTUAL TEL ASSN</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Thomas Barth</span></p>  |  |  |   | <p><small>Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tbarth@smt-net.com,O=scio mutual tel assn,l=Scio OR 97374, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Thomas Barth</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-394-3366</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">532397</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

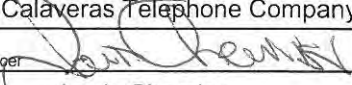
|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>  |  |  |   |   |  |
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies 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: <span style="color: blue;">STAYTON COOP TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Curt Thornton</span></p>  |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Thornton</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-769-2121</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">532399</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: OREGON TEL CORP-MTE   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Delinda Kluser <small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte,j=Mt. Vernon OR 97865-0609, Date:5/19/2015</small>  |        |  |  | 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       |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |                 |  |

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 <b>Calaveras Telephone Company</b>  |               |  |                  |           |
| Signature of authorized officer    |               |  | Date             | 5/26/2015 |
| Printed name of authorized officer <b>Louis Cherniss</b>  |               |  |                  |           |
| Title or position of authorized officer <b>Chief Financial Officer</b>  |               |  |                  |           |
| Telephone number of authorized officer: <b>(209) 785-2211</b> , ext.  |               |  |                  |           |
| Study Area Code of Reporting Carrier  | <b>542301</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 Calaveras Telephone Company

Signature of authorized officer

*James H. Tower*

Date

5/25/2016

Printed name of authorized officer James H. Tower

Title or position of authorized officer President

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)

May 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

| <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: <span style="color: blue;">CAL-ORE TELEPHONE CO</span></p>   |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Waihun Yee</span></p>  |        |  |  | <p><small>Digitally signed by Waihun Yee DN:cn=Waihun Yee,email=waihun@calore.net,O=cal-ore telephone co,l=Dorris CA 96023-0847, Date:5/22/2015</small></p> <p>Date: <span style="color: blue;">5/22/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Waihun Yee</span></p>  |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>   |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">530-397-2211</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 542311 |  | 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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>DUCOR TELEPHONE CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Eric Wolfe</b></p>  |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Eric Wolfe</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>Executive Vice President</b></p>  |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>661-834-7700</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>542313</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**

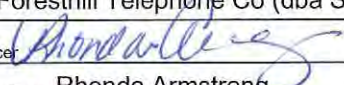
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

|  |               |   |              |
|--|---------------|---|--------------|
| Name of Reporting Carrier <b>Ducor Telephone Company</b>   |               |   |              |
| Signature of authorized officer <i>Carol Rodriguez</i>   |               | Date  | May 25, 2016 |
| Printed name of authorized officer <b>Carol Rodriguez</b>  |               |   |              |
| Title or position of authorized officer <b>Secretary</b>   |               |   |              |
| Telephone number of authorized officer: <b>(661) 834-7700</b> , ext.   |               |   |              |
| Study Area Code of Reporting Carrier   | <b>542313</b> | Filing Due Date for this form<br>(mm/dd/yyyy) | May 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. |               |   |              |



542318

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

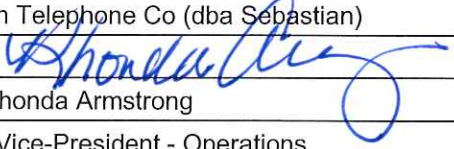
| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |        |  |           |         |
|---|--------|--|-----------|---------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies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

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  |        |  |           |         |
| Study Area Code of Reporting Carrier  | 542324 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015 |         |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |        |  |           |         |

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

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |        |  |          |         |
|---|--------|--|----------|---------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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:                                      |          | 5-23-16 |
| Printed name of authorized officer: Rhonda Armstrong  |        |  |          |         |
| Title or position of authorized officer: Vice-President - Operations  |        |  |          |         |
| Telephone number of authorized officer: (559) 846-7780  |        |  |          |         |
| Study Area Code of Reporting Carrier  | 542324 | Filing Due Date for this form (mm/dd/yyyy) | May 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.  |        |  |          |         |

542332

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>The Ponderosa Telephone Co.</b>   |  |   |  |
| Signature of authorized officer <i>Kristann Mattes</i>   |  | Date <b>5-21-2015</b>                                       |  |
| Printed name of authorized officer <b>Kristann Mattes</b>  |  |   |  |
| Title or position of authorized officer <b>President</b>   |  |   |  |
| Telephone number of authorized officer: <b>(559) 868-6346</b> ext.   |  |   |  |
| Study Area Code of Reporting Carrier <b>542332</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>SIERRA TELEPHONE CO</b>  |               |  |  |  |  |
| Signature of Authorized Officer or employee: <b>Cindy Huber</b>  |               |  |  | <small>Digitally signed by Cindy Huber DN:cn=Cindy Huber,email=cindyh@stcg.net,O=sierra telephone co,l=Oakhurst CA 93644, Date:5/22/2015</small><br>Date: <b>5/22/2015</b> |  |
| Printed name of Authorized Officer or employee: <b>Cindy Huber</b>   |               |  |  |  |  |
| Title or position of Authorized Officer or employee: <b>Vice President Operations</b>  |               |  |  |  |  |
| Telephone number of Authorized Officer or employee: <b>559-642-0209</b>  |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>542338</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 Siskiyou Telephone Company  |        |  |           |  |
| Signature of authorized officer <i>James T. Lowers</i>  |        | Date 05/20/2015                            |           |  |
| Printed name of authorized officer James T. Lowers  |        |  |           |  |
| Title or position of authorized officer President   |        |  |           |  |
| Telephone number of authorized officer: (530) 467-6000  |        |  |           |  |
| Study Area Code of Reporting Carrier  | 542339 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015 |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">VOLCANO TEL CO</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Brenda Shepard</span></p>   |  |  |   | <p><small>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano tel co,l= , Date:5/19/2015</small></p> <p>Date: <span style="color: blue;">5/19/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brenda Shepard</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">209-296-1447</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">542343</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

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

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |        |  |          |  |
|---|--------|--|----------|--|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 Telephone Company   |        |  |          |  |
| Signature of authorized officer    |        | Date 5/23/2016                             |          |  |
| Printed name of authorized officer Brenda Shepard   |        |  |          |  |
| Title or position of authorized officer Chief Financial Officer   |        |  |          |  |
| Telephone number of authorized officer: (209) 296-1447, ext.  |        |  |          |  |
| Study Area Code of Reporting Carrier  | 542343 | Filing Due Date for this form (mm/dd/yyyy) | May 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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>PINNACLES TEL CO</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Steven Bryan</b></p>  |               |  |  | <p>Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles tel co,l= , Date:5/26/2015</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Steven Bryan</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>President</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>831-389-4500</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>542346</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> |  |  |   |  |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">FILER MUTUAL TEL -NV</span></p>   |  |  |   |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steve Cowger</span></p>  |  |  |   | <p><small>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</small></p> <p>Date: <span style="color: blue;">5/20/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Steve Cowger</span></p>  |  |  |   |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |  |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-326-4339</span></p>  |  |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">552220</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |  |  |

552233

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

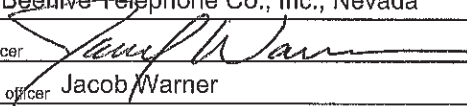
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

|   |               |  |                  |
|---|---------------|--|------------------|
| Name of Reporting Carrier <b>Rural Telephone Company - NV</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</b> ext.  |               |  |                  |
| Study Area Code of Reporting Carrier  | <b>552233</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.

552284

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |               |  |                   |
|---|---------------|--|-------------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). |               |  |                   |
| Name of Reporting Carrier <u>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> , ext. <u>      </u>  |               |  |                   |
| Study Area Code of Reporting Carrier  | <u>552284</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>6/16/2015</u>  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |               |  |                   |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>CHURCHILL-CC COMM.</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Mark Feest</b></p>  |               |  |  | <p>Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@corp.ccomm.net,O=churchill-cc comm.,l=Fallon NV 89407, Date:5/22/2015</p> |  |
| <p>Date: <b>5/22/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Mark Feest</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>775-423-7654</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>552349</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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>LINCOLN CTY TEL SYS</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>John Christian, III</b></p>   |               |  |  | <p>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys,l=Plöche NV 89043, Date:5/19/2015</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>John Christian, III</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>President</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>775-962-5131</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>552351</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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">MOAPA VALLEY TEL CO.</span></p>   |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Lyon</span></p>   |  |  |   | <p><small>Digitally signed by John Lyon DN:cn=John Lyon,email=john@mvtel.com,O=moapa valley tel co.,l=Overton NV 89040-0365, Date:5/27/2015</small></p> |  |
| <p>Date: <span style="color: blue;">5/27/2015</span></p>   |  |  |   |   |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Lyon</span></p>   |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">702-397-2225</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">552353</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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: RIO VIRGIN TEL CO   |        |  |  |   |  |
| Signature of Authorized Officer or employee: Brooke Wheeler  |        |  |  | <small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=río virgin tel co,l=Estacada OR 97023, Date:5/26/2015</small><br>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   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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> |  |  |   |   |  |
| <p>Name of Reporting Carrier: <span style="color: blue;">HUMBOLDT TEL CO</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Justin Perez</span></p>  |  |  |   | <p><small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt tel co,l=Nampa ID 83653, Date:5/21/2015</small></p> <p>Date: <span style="color: blue;">5/21/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Justin Perez</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller / Corporate Secretary</span></p>   |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-461-7802</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">553304</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |  |  |   |   |  |

TO BE COMPLETED BY 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>ADAK TEL UTILITY</b></p>   |                      |  |   |  |  |
| <p>Signature of Authorized Officer or employee:      <b>Andilea Weaver</b></p>   |                      |  |   | <p><small>Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak tel utility,lc=US, Date: 5/18/2015</small></p> |  |
| <p>Date:      <b>5/18/2015</b></p>   |                      |  |   |  |  |
| <p>Printed name of Authorized Officer or employee:      <b>Andilea Weaver</b></p>  |                      |  |   |  |  |
| <p>Title or position of Authorized Officer or employee:      <b>Vice President/COO</b></p>   |                      |  |   |  |  |
| <p>Telephone number of Authorized Officer or employee:      <b>907-222-0844</b></p>  |                      |  |   |  |  |
| <p>Study Area Code of Reporting Carrier</p>  | <p><b>610989</b></p> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <p><b>6/16/2015</b></p>  |  |
| <p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>   |                      |  |   |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>ARCTIC SLOPE TEL</b></p>  |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Clover McNeil</b></p>   |               |  |  | <p>Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel,l= , Date:5/20/2015</p> |  |
| <p>Date: <b>5/20/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Clover McNeil</b></p>  |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>CFO</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>907-564-2680</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>613001</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

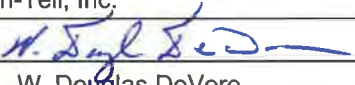
| <b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied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

TO BE COMPLETED BY 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: <span style="color: blue;">BRISTOL BAY TEL COOP</span></p>   |        |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Todd Hoppe</span></p>  |        |  |  | <p><small>Digitally signed by Todd Hoppe DN:cn=Todd Hoppe,email=manager@bristolbay.com,O=bristol bay tel coop,l=King Salmon AK 99613, Date:5/26/2015</small></p> <p>Date: <span style="color: blue;">5/26/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Todd Hoppe</span></p>  |        |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>  |        |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-246-3403</span></p>  |        |  |  |   |  |
| Study Area Code of Reporting Carrier   | 613003 |  | 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>   |        |  |  |   |  |

613004

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |  |               |   |                  |
|---|--|---------------|---|------------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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>Bush-Tell, Inc.</b>  |  |               |   |                  |
| Signature of authorized officer    |  |               | Date <b>05-27-2015</b>                        |                  |
| Printed name of authorized officer <b>W. Douglas DeVore</b>   |  |               |   |                  |
| Title or position of authorized officer <b>V.P. / Asst. Gen. Mgr,</b>   |  |               |   |                  |
| Telephone number of authorized officer: <b>(907) 675-4311</b> ext.  |  |               |   |                  |
| Study Area Code of Reporting Carrier  |  | <b>613004</b> | Filing Due Date for this form<br>(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

| <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: <span style="color: blue;">CIRCLE TEL &amp; ELEC</span></p>  |        |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">David Masephol</span></p>   |        |  |  | <p><small>Digitally signed by David Masephol DN: cn=David Masephol, email=damasephol@gmail.com, O=Circle tel &amp; elec, I=Circle AK 99733, Date: 5/18/2015</small></p> <p>Date: <span style="color: blue;">5/18/2015</span></p> |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Masephol</span></p>  |        |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">Member Owner</span></p>   |        |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-773-5500</span></p>  |        |  |  |  |  |
| Study Area Code of Reporting Carrier   | 613005 |  | 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

| <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: <span style="color: blue;">COPPER VALLEY TEL</span></p>  |  |  |   |   |  |
| <p>Signature of Authorized Officer or employee: <span style="color: blue;">Pamla Murphy</span></p>   |  |  |   | <p>Digitally signed by Pamla Murphy DN:cn=Pamla Murphy,email=pmurphy@cvtc.org,O=copper valley tel,l=Valdez AK 99686, Date:5/26/2015</p> |  |
| <p>Date: <span style="color: blue;">5/26/2015</span></p>   |  |  |   |   |  |
| <p>Printed name of Authorized Officer or employee: <span style="color: blue;">Pamla Murphy</span></p>  |  |  |   |   |  |
| <p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>  |  |  |   |   |  |
| <p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-835-2231</span></p>  |  |  |   |   |  |
| <p>Study Area Code of Reporting Carrier</p>  | <span style="color: blue;">613006</span> |  | <p>Filing Due Date for this form (mm/dd/yyyy)</p> | <span style="color: blue;">6/16/2015</span>   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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).

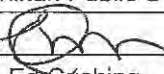
|  |  |  |        |   |  |      |           |            |  |  |
|--|--|--|--------|---|--|------|-----------|------------|--|--|
| Name of Reporting Carrier  |  |  |        |   | Cordova Telephone Cooperative, Inc.        |      |           |            |  |  |
| Signature of authorized officer  |  |  |        |  |  | Date |           | 05-26-2015 |  |  |
| Printed name of authorized officer   |  |  |        | Paul Kelly  |  |      |           |            |  |  |
| Title or position of authorized officer  |  |  |        | General Manager/ CEO  |  |      |           |            |  |  |
| Telephone number of authorized officer:  |  |  |        | (907) 424-2345  |  |      |           |            |  |  |
| Study Area Code of Reporting Carrier   |  |  | 613007 |   | Filing Due Date for this form (mm/dd/yyyy) |      | 6/16/2015 |            |  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |  |        |   |  |      |           |            |  |  |

TO BE COMPLETED BY 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>Name of Reporting Carrier: <b>INTERIOR TEL CO INC</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>Brett Carter</b></p>  |               |  |  | <p>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior tel co inc,l= , Date:5/26/2015</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>Brett Carter</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>VP/Controller</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>907-563-2003</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>613011</b> |  | Filing Due Date for this form (mm/dd/yyyy) | <b>6/16/2015</b>   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |               |  |  |  |  |

613013

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |      |  |           |         |
|---|------|--|-----------|---------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). |      |  |           |         |
| Name of Reporting Carrier Ketchikan Public Utilities  |      |  |           |         |
| Signature of authorized officer    |      |  | Date      | 5/27/15 |
| Printed name of authorized officer Ed Cushing   |      |  |           |         |
| Title or position of authorized officer KPU Division Manager  |      |  |           |         |
| Telephone number of authorized officer: (907) 228-5421 ext.   |      |  |           |         |
| Study Area Code of Reporting Carrier  | 3013 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015 |         |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>Name of Reporting Carrier: <b>MATANUSKA TEL ASSOC</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Wanda Tankersley</b></p>  |               |  |  | <p>Digitally signed by Wanda Tankersley DN:cn=Wanda Tankersley,email=wtankersley@mta-telco.com,O=matanusk a tel assoc,l= , Date:5/26/2015</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Wanda Tankersley</b></p>   |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>CFO</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>907-761-2654</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>613015</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   |        |  |  |   |  |
|--|--------|--|--|---|--|
| <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: MUKLUK TEL CO INC   |        |  |  |   |  |
| Signature of Authorized Officer or employee: Brett Carter  |        |  |  | <small>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=mukluk tel co inc,l= , Date:5/26/2015</small><br>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   |  |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |        |  |  |   |  |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p> |        |  |  |                 |  |
| Name of Reporting Carrier: ALASKA TEL CO   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Michael Garrett <small>Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=alaska tel co,l=Port Townsend WA 98368, Date:5/26/2015</small>  |        |  |  | Date: 5/26/2015 |  |
| Printed name of Authorized Officer 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       |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>Name of Reporting Carrier: <b>NUSHAGAK ELEC &amp; TEL</b></p>   |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Michael Megli</b></p>   |               |  |  | <p>Digitally signed by Michael Megli DN:cn=Michael Megli,email=mmegli@nushagak.coop,O=nushagak elec &amp; tel,l=Dillingham AK 99576, Date:5/15/2015</p> |  |
| <p>Date: <b>5/15/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Michael Megli</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>   |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>907-842-5251</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>613018</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   |        |  |  |                 |  |
|--|--------|--|--|-----------------|--|
| <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: OTZ TEL COOPERATIVE   |        |  |  |                 |  |
| Signature of Authorized Officer or employee: Doug Neal<br><small>Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz tel cooperative,l=Kotzebue AK 99752, Date:5/26/2015</small>   |        |  |  | 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   |               |  |  |   |  |
|--|---------------|--|--|---|--|
| <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>NORTH COUNTRY TEL CO</b></p>  |               |  |  |   |  |
| <p>Signature of Authorized Officer or employee: <b>Michael Garrett</b></p>   |               |  |  | <p>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</p> |  |
| <p>Date: <b>5/26/2015</b></p>  |               |  |  |   |  |
| <p>Printed name of Authorized Officer or employee: <b>Michael Garrett</b></p>  |               |  |  |   |  |
| <p>Title or position of Authorized Officer or employee: <b>COO - Executive VP</b></p>  |               |  |  |   |  |
| <p>Telephone number of Authorized Officer or employee: <b>360-385-1733</b></p>   |               |  |  |   |  |
| Study Area Code of Reporting Carrier   | <b>613026</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>  |               |  |  |   |  |

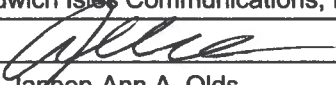
613028

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |        |  |           |
|---|--------|--|-----------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 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 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |        |  |           |

623021

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery  |               |   |                  |
|---|---------------|---|------------------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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>Sandwich Isles Communications, Inc.</b>  |               |   |                  |
| Signature of authorized officer    |               | Date  | <b>5/27/15</b>   |
| Printed name of authorized officer <b>Jarreen-Ann A. Olds</b>   |               |   |                  |
| Title or position of authorized officer <b>President</b>  |               |   |                  |
| Telephone number of authorized officer: <b>(808) 524-8400</b>   |               |   |                  |
| Study Area Code of Reporting Carrier  | <b>623021</b> | Filing Due Date for this form<br>(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   |               |  |  |  |  |
|--|---------------|--|--|--|--|
| <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>TELEGUAM HOLDINGS</b></p>   |               |  |  |  |  |
| <p>Signature of Authorized Officer or employee: <b>John Brady</b></p>  |               |  |  | <p>Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,lf= , Date:5/19/2015</p> |  |
| <p>Date: <b>5/19/2015</b></p>  |               |  |  |  |  |
| <p>Printed name of Authorized Officer or employee: <b>John Brady</b></p>   |               |  |  |  |  |
| <p>Title or position of Authorized Officer or employee: <b>CFO</b></p>   |               |  |  |  |  |
| <p>Telephone number of Authorized Officer or employee: <b>671-644-0013</b></p>   |               |  |  |  |  |
| Study Area Code of Reporting Carrier   | <b>663800</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>  |               |  |  |  |  |

673900

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 <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  |                   |  |           |
|---|-------------------|--|-----------|
| I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). |                   |  |           |
| Name of Reporting Carrier See Attached List   |                   |  |           |
| Signature of authorized officer <i>Michael T. Skrivan</i>   |                   | Date                                       | 5/27/15   |
| Printed name of authorized officer Michael T. Skrivan   |                   |  |           |
| Title or position of authorized officer Vice President, Regulatory  |                   |  |           |
| Telephone number of authorized officer: (207) 535-4150  |                   |  |           |
| Study Area Code of Reporting Carrier  | See Attached List | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2015 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |                   |  |           |



## FairPoint Company Listing

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



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

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

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

Signature of Authorized Officer

*Kevin G. Hess*

Date 05/27/2015

Printed name of Authorized Officer **Kevin G. Hess**

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

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

Study Area Code of Reporting Carrier

**See TDS  
TELECOM  
ILEC Listing  
Below**

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

06/16/2015

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

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

Attachment 1

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