

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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		5/17/16
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, ext.		
Study Area Code of Reporting Carrier		361347	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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.					

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<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@mlcwb.net,O=wilderness valley, Date:5/23/2016</p>	
<p>Date: <b>5/23/2016</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>6/16/2016</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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<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:5/18/2016</p>	
<p>Date: <b>5/18/2016</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>6/16/2016</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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<p>Name of Reporting Carrier: <span style="color: blue;">BENTON COOP TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Cheryl Scapanski</span></p>				<p><small>Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop tel co, Inc., Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Cheryl Scapanski</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;">320-393-2115</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361356</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.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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<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:5/16/2016</p>	
<p>Date: <b>5/16/2016</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>6/16/2016</b>	
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<p>Name of Reporting Carrier: <span style="color: blue;">CLARA CITY TEL EXCH</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=clara city tel exch,lc= , Date: 5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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;">361370</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.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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<p>Name of Reporting Carrier: <span style="color: blue;">CLEMENTS 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=clements tel co, , Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</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;">361372</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.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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Name of Reporting Carrier				Consolidated Telephone Company	
Signature of authorized officer		<i>Kevin T. Larson</i>		Date	05/20/2016
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)	6/16/2016		
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.					

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<p>Name of Reporting Carrier: <span style="color: blue;">DUNNELL TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Charles Mattingly</span></p>				<p><small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=dunnell tel co,l=Judson TX 75660, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Charles Mattingly</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Managing Member</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">903-663-0099</span></p>					
Study Area Code of Reporting Carrier	361381		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.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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Name of Reporting Carrier <b>Eckles Telephone Company</b>			
Signature of authorized officer <i>William Eckles</i>		Date	5/26/2016
Printed name of authorized officer <b>William Eckles</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(507) 526-3252</b>			
Study Area Code of Reporting Carrier <b>361386</b>		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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.			


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<p>Name of Reporting Carrier: <b>EMILY COOP TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Josh Netland</b></p>				<p>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop tel co,l=Emily MN 56447, Date:5/17/2016</p>	
<p>Date: <b>5/17/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Josh Netland</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>218-763-3000</b></p>					
Study Area Code of Reporting Carrier	<b>361387</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
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Name of Reporting Carrier <b>Farmers Mutual Telephone Company</b>			
Signature of authorized officer 		Date <b>5/17/16</b>	
Printed name of authorized officer <b>Kevin Beyer</b>			
Title or position of authorized officer <b>CEO</b>			
Telephone number of authorized officer: <b>(320) 568-2105</b> , ext.			
Study Area Code of Reporting Carrier	<b>361389</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>5/16/2016</b>
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Name of Reporting Carrier <b>Federated Telephone Cooperative</b>			
Signature of authorized officer 		Date	<b>5/17/16</b>
Printed name of authorized officer <b>Kevin Beyer</b>			
Title or position of authorized officer <b>CEO</b>			
Telephone number of authorized officer: <b>(320) 324-7111</b>			
Study Area Code of Reporting Carrier	<b>361390</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
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Name of Reporting Carrier				Garden Valley Telephone Company	
Signature of authorized officer			Date		05/17/16
Printed name of authorized officer			Joe Sandberg		
Title or position of authorized officer			Treasurer		
Telephone number of authorized officer:			(218) 687-2400		
Study Area Code of Reporting Carrier		361395	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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<p>Name of Reporting Carrier: <span style="color: blue;">GARDONVILLE COOP TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">David Wolf</span></p>				<p><small>Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop tel,lc=US, Date:5/27/2016</small></p> <p>Date: <span style="color: blue;">5/27/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Wolf</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO and General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-524-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361396</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
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Name of Reporting Carrier				Halstad Telephone Company	
Signature of authorized officer			Date		5/17/2016
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)		6/16/2016
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Name of Reporting Carrier <b>Federated Telephone Cooperative</b>			
Signature of authorized officer 		Date <b>5/17/16</b>	
Printed name of authorized officer <b>Kevin Beyer</b>			
Title or position of authorized officer <b>CEO</b>			
Telephone number of authorized officer: <b>(320) 324-7111</b>			
Study Area Code of Reporting Carrier	<b>361403</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
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<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:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</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	<span style="color: blue;">361404</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2016</span>	
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<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-HILLS MN</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 mn,l=Garretson SD 57030, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</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	361405		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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 - MN</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=home tel co - mn, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</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;">361408</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">HUTCHINSON 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=hutchinson tel co,l= , Date:5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</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>					
Study Area Code of Reporting Carrier	<span style="color: blue;">361409</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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 Johnson Telephone Company			
Signature of authorized officer <i>Donna Gunderson</i>		Date	5/25/2016
Printed name of authorized officer Donna Gunderson			
Title or position of authorized officer Corporate Secretary			
Telephone number of authorized officer: (218) 566-2302			
Study Area Code of Reporting Carrier	361410	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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;">KASSON &amp; MANTORVILLE</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Beth Tollefson</span></p>				<p>Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson &amp; mantorville,lc=, Date: 5/20/2016</p>	
<p>Date: <span style="color: blue;">5/20/2016</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Beth Tollefson</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;">507-634-2511</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361412</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</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;">LISMORE COOP TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">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:5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</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)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">LONSDALE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bonnie Simon</span></p>				<p><small>Digitally signed by Bonnie Simon DN:cn=Bonnie Simon,email=bsimon@lonsdaletel.com,O=Lonsdale tel co,l=Lonsdale MN 55046, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bonnie Simon</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;">507-744-2311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361422</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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 Runestone Telephone Association			
Signature of authorized officer <i>John M. Kapphahn</i>		Date	5/23/2016
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)	6/16/2016
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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;">MABEL COOP TEL - MN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Julie Kolka</span></p>				<p><small>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop tel - mn,l=Mabel MN 55954, Date:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Julie Kolka</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Interim General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-493-5411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361424</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: CHRISTENSEN COMM CO					
Signature of Authorized Officer or employee: Brent Christensen <div style="font-size: small; margin-top: 5px;">             Digitally signed by Brent Christensen DN:cn=Brent Christensen,email=brentc@chriscomco.net,O=christensen comm co,l= , Date:5/20/2016           </div>				Date: 5/20/2016	
Printed name of Authorized Officer or employee: Brent Christensen					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 507-642-5514					
Study Area Code of Reporting Carrier	361425		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



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

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

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

Name of Reporting Carrier				Manchester-Hartland Telephone Company	
Signature of authorized officer		<i>Phillip Morreim</i>		Date	05/16/2016
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)	6/16/2016	
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, 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					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §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:5/16/2016</p>	
<p>Date: <b>5/16/2016</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>6/16/2016</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>MIDWEST 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=midwest tel co, Inc., Date:5/16/2016</p>	
<p>Date: <b>5/16/2016</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>361431</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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: MINNESOTA VALLEY TEL</p>					
<p>Signature of Authorized Officer or employee: <b>Danny Busche</b></p>				<p>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=minnesota valley tel,l=Franklin MN 55333, Date:5/18/2016</p>	
<p>Date: 5/18/2016</p>					
<p>Printed name of Authorized Officer or employee: Danny Busche</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 507-557-2275</p>					
Study Area Code of Reporting Carrier	361439		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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;">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:5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: LORETEL SYSTEMS, INC					
Signature of Authorized Officer or employee: Staci Malikowski				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=loretel systems, inc, Date:5/16/2016</small> Date: 5/16/2016	
Printed name of Authorized Officer or employee: Staci Malikowski					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 218-346-8498					
Study Area Code of Reporting Carrier	361443		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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;">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:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</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	361450		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">REDWOOD COUNTY TEL</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=redwood county tel, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</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;">361472</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">ROTHSAY TEL CO, INC</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Wayne Stowman</span>				<small>Digitally signed by Wayne Stowman DN:cn=Wayne Stowman,email=wstowman@rtelnet.net,O=rothsay tel co, inc,l= , Date:5/16/2016</small> Date: <span style="color: blue;">5/16/2016</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Wayne Stowman</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager/Treas.</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-867-2111</span>					
Study Area Code of Reporting Carrier	361474		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 Runestone Telephone Association			
Signature of authorized officer <i>John M. Kapphahn</i>		Date	5/23/2016
Printed name of authorized officer John Kapphahn			
Title or position of authorized officer Secretary/Treasurer			
Telephone number of authorized officer: (320) 986-2013 ext.			
Study Area Code of Reporting Carrier	361475	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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;">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,lc= , Date:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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>					
Study Area Code of Reporting Carrier	361476		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">SCOTT RICE -INTEGRA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Roskopf</span></p>				<p><small>Digitally signed by Mark Roskopf DN:cn=Mark Roskopf,email=mark.roskopf@integratelecom.com,O=scott rice -integra, Date:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Roskopf</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President/Treasury &amp; Tax</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-558-4229</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361479</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>SLEEPY EYE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curt Kawlewski</b></p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=sleepy eye tel co,l= , Date:5/19/2016</p>	
<p>Date: <b>5/19/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Curt Kawlewski</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>507-233-4172</b></p>					
Study Area Code of Reporting Carrier	<b>361483</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>SPRING GROVE COMM.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Craig Otterness</b></p>				<p>Digitally signed by Craig Otterness DN:cn=Craig Otterness,email=otter9@aol.com,O=spring grove comm.,l=Spring Grove MN 55974-0516, Date:5/18/2016</p>	
<p>Date: <b>5/18/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Craig Otterness</b></p>					
<p>Title or position of Authorized Officer or employee: <b>GM/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-498-3456</b></p>					
Study Area Code of Reporting Carrier	<b>361485</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">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:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>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:5/17/2016</small></p>	
<p>Date:      <b>5/17/2016</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>6/16/2016</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

<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 CO - MN</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@ptel.com,O=valley tel co - mn,l=Underwood MN 56586-0277, Date: 5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</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>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361495</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>Crosslake Communications</b>				
Signature of authorized officer <i>Debby Floerchinger</i>		Date <b>May 17, 2016</b>		
Printed name of authorized officer <b>Debby Floerchinger</b>				
Title or position of authorized officer <b>Local Manager</b>				
Telephone number of authorized officer: <b>(218) 692-2777</b> , ext.				
Study Area Code of Reporting Carrier	<b>361499</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">NORTHERN TEL CO - MN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Robert Riddell</span></p>				<p><small>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=northern tel co - mn,l= , Date:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Riddell</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;">218-488-6565</span></p>					
Study Area Code of Reporting Carrier	361500		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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 Central Telephone Assn	
Signature of authorized officer				Date		5-20-2016
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)		6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">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:5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

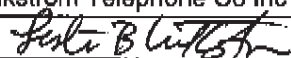
## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## 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 Wikstrom Telephone Co Inc

Signature of authorized officer



Date

5/26/16

Printed name of authorized officer Leslie B Wikstrom

Title or position of authorized officer Vice President

Telephone number of authorized officer: (218) 436-2121, ext.

Study Area Code of Reporting Carrier

361505

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

6/16/2016

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: WINTHROP TEL CO					
Signature of Authorized Officer or employee: <b>Danny Busche</b> <small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=winthrop tel co,l=Franklin MN 55333, Date:5/18/2016</small>				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Danny Busche					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 507-557-2275					
Study Area Code of Reporting Carrier	361508		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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;">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:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</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>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361510</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>Wolverton Telephone Co.</b>			
Signature of authorized officer 		Date	<b>5/21/2016</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>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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;">ZUMBROTA 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=zumbrota tel co,l= , Date:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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>					
Study Area Code of Reporting Carrier	361515		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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		5-18-16
Printed name of authorized officer			Jerry Heiberger		
Title or position of authorized officer			CEO/General Manager		
Telephone number of authorized officer:			(605) 874-2181		
Study Area Code of Reporting Carrier		361654	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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:      <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:5/17/2016</p>	
<p>Date:      <b>5/17/2016</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>6/16/2016</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>ARLINGTON 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=arlington tel co, Date:5/23/2016</p>	
<p>Date: <b>5/23/2016</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>371517</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">ELSIE COMM., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">David Shipley</span></p>				<p><small>Digitally signed by David Shipley DN: cn=David Shipley, email=dshipley@ghvalley.net, O=elsie comm., inc., I=Colorado City CO 81019, Date: 5/22/2016</small></p> <p>Date: <span style="color: blue;">5/22/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Shipley</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;">866-542-6780</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371518</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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

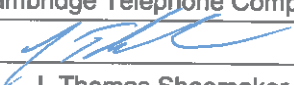
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery 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>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:5/23/2016</p>	
<p>Date: <b>5/23/2016</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>6/16/2016</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:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</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>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371525</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

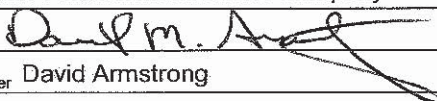
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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>Cambridge Telephone Company</b>			
Signature of authorized officer 		Date	<b>05/20/2016</b>
Printed name of authorized officer <b>J. Thomas Shoemaker</b>			
Title or position of authorized officer <b>VP Regulatory Affairs</b>			
Telephone number of authorized officer: <b>(308) 697-3333</b> , ext.			
Study Area Code of Reporting Carrier	<b>371526</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>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:5/17/2016</p>	
<p>Date: <b>5/17/2016</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>6/16/2016</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: Clarks Telecommunications Company			
Signature of authorized officer: 		Date: 5-17-16	
Printed name of authorized officer: David Armstrong			
Title or position of authorized officer: President			
Telephone number of authorized officer: (402) 632-4204, ext.			
Study Area Code of Reporting Carrier: 371531		Filing Due Date for this form (mm/dd/yyyy): 6/16/2016	
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>CONSOLIDATED TEL CO</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 tel co,l=Lincoln NE 68506-0147, Date:5/17/2016</p>	
<p>Date: <b>5/17/2016</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>371532</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>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:5/25/2016</p>	
<p>Date: <b>5/25/2016</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>6/16/2016</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:5/17/2016</small> Date: 5/17/2016	
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)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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;">DALTON TEL CO, INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">David Shipley</span></p>				<p><small>Digitally signed by David Shipley DN: cn=David Shipley, email=dshipley@ghvalley.net, O=dalton tel co, inc, l=Colorado City CO 81019, Date: 5/22/2016</small></p> <p>Date: <span style="color: blue;">5/22/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Shipley</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;">866-542-6779</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371537</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">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:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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, Date: 5/23/2016</p>	
<p>Date: <b>5/23/2016</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>6/16/2016</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:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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				Hamilton Telephone Company	
Signature of authorized officer			Date		5-20-16
Printed name of authorized officer			John Nelson		
Title or position of authorized officer			President		
Telephone number of authorized officer			(402) 694-5101		
State Area Code of Reporting Carrier		371555	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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;">HARTINGTON TELECOM</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Becker</span></p>				<p><small>Digitally signed by Mike Becker DN:cn=Mike Becker,email=mbecker@hartel.net,O=hartington telecom,l=Hartington NE 68739-0157, Date:5/17/2016</small></p>	
<p>Date: <span style="color: blue;">5/17/2016</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Becker</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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 *Loretta M. Raile* Date 05.18.2016

Printed name of authorized officer Loretta M Raile

Title or position of authorized officer President

Telephone number of authorized officer: (308) 423-2000 ext.

Study Area Code of Reporting Carrier	371557	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HEMINGFORD COOP TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tonya Mayer</b></p>				<p>Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop tel,l=Hemingford NE 69348-0246, Date:5/17/2016</p>	
<p>Date: <b>5/17/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tonya Mayer</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>308-487-3311</b></p>					
Study Area Code of Reporting Carrier	<b>371558</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>HENDERSON CO-OP TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Mestl</b></p>				<p>Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henderson co-op tel,l=Henderson NE 68371, Date:5/16/2016</p>	
<p>Date: <b>5/16/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Mestl</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Board President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-723-4448</b></p>					
Study Area Code of Reporting Carrier	<b>371559</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>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:5/26/2016</p>	
<p>Date: <b>5/26/2016</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>					
Study Area Code of Reporting Carrier	<b>371561</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>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:5/17/2016</p>	
<p>Date: <b>5/17/2016</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>6/16/2016</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>HOOPER TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Gannon</b></p>				<p>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper tel co,l=Remsen IA 51050-0330, Date:5/20/2016</p>	
<p>Date: <b>5/20/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Gannon</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>712-786-5572</b></p>					
Study Area Code of Reporting Carrier	<b>371563</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>K &amp; M TEL CO, INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Magnuson</b></p>				<p>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:5/23/2016</p>	
<p>Date: <b>5/23/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Thomas Magnuson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-482-5800</b></p>					
Study Area Code of Reporting Carrier	<b>371565</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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; font-weight: bold;">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:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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:5/25/2016</p>	
<p>Date: <b>5/25/2016</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>6/16/2016</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			Date		5-17-16
Printed name of authorized officer			David Armstrong		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(402) 632-4321 ext.		
Study Area Code of Reporting Carrier		371576	Filing Due Date for this form (mm/dd/yyyy)		6/16/2016
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>GREAT PLAINS COMMUN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wyman Nelson</b></p>				<p>Digitally signed by Wyman Nelson DN:cn=Wyman Nelson,email=wenelson@gpcom.com,O=great plains commun,l=Blair NE 68008, Date:5/23/2016</p>	
<p>Date: <b>5/23/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wyman Nelson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President &amp; Chief Legal Counsel</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-456-6594</b></p>					
Study Area Code of Reporting Carrier	<b>371577</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">PIERCE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Mary Bichlmeier</span></p>				<p><small>Digitally signed by Mary Bichlmeier DN:cn=Mary Bichlmeier,email=maryb@piercetelphone.com,O=pierce tel co,l=Pierce NE 68767-0113, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: PLAINVIEW TEL CO					
Signature of Authorized Officer or employee: Eric Nye				<small>Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@uwo.edu,O=plainview tel co,l=Plainview NE 68769-0117, Date:5/16/2016</small> Date: 5/16/2016	
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)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=rock county tel co, Inc., Date:5/23/2016</p>	
<p>Date: <span style="color: blue;">5/23/2016</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;">371586</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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				Spaldtown Telephone Company	
Signature of authorized officer			Date		5-17-16
Printed name of authorized officer			Michael Plantz		
Title or position of authorized officer			Secretary		
Telephone number of authorized officer: ( ) - , ext.			308-467-2310		
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016	
371590					

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 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;">SE NEBRASKA COMM INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ray Joy</span></p>				<p><small>Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=se nebraska comm inc, = Date: 5/16/2016</small></p>	
<p>Date: <span style="color: blue;">5/16/2016</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ray Joy</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;">402-245-4451</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371591</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

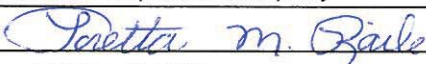
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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>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:5/25/2016</p>	
<p>Date: <b>5/25/2016</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>6/16/2016</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
Printed name of authorized officer			Loretta M Raile		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(308) 423-2000		
Study Area Code of Reporting Carrier		371597	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Benkelman Telephone Co., Inc.

Signature of authorized officer *Loretta M. Raile* Date 05.18.2016

Printed name of authorized officer Loretta M Raile

Title or position of authorized officer 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) 6/16/2016

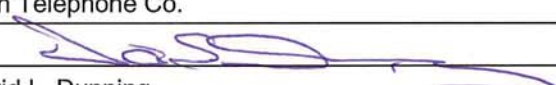
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



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: NORTH DAKOTA TEL CO					
Signature of Authorized Officer or employee: Shawna Senger <div> <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:5/17/2016</small> </div>				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Shawna Senger					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 701-662-6428					
Study Area Code of Reporting Carrier	381447		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>Wolverton Telephone Co.</b>			
Signature of authorized officer 		Date <b>5/21/2016</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>			
Study Area Code of Reporting Carrier <b>381509</b>		Filing Due Date for this form (mm/dd/yyyy) <b>6/16/2016</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>ABSARAKA COOP TEL CO</b>					
Signature of Authorized Officer or employee: <b>Ann Faught</b>				<small>Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop tel co,l= , Date:5/17/2016</small> Date: <b>5/17/2016</b>	
Printed name of Authorized Officer or employee: <b>Ann Faught</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>701-896-3404</b>					
Study Area Code of Reporting Carrier	<b>381601</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>					

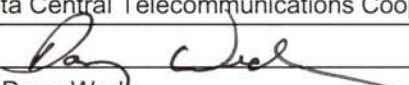
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 <i>Brett Stroh</i>			Date	5/25/2016
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)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Consolidated Telcom				
Signature of authorized officer <i>Bill Schaller</i>		Date 5/25/16		
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) 6/16/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Dakota Central Telecommunications Cooperative/DCTI				
Signature of authorized officer 			Date	5/19/16
Printed name of authorized officer Doug Wede				
Title or position of authorized officer President				
Telephone number of authorized officer: (701) 652-3184 ext.				
Study Area Code of Reporting Carrier	38-1610	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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;">DICKY RURAL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Robert Johnson</span></p>				<p><small>Digitally signed by Robert Johnson DN:cn=Robert Johnson,email=rjohnson@drtel.com,O=dickey rural coop,l=Ellendale ND 58436, Date: 5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Johnson</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;">701-344-6010</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381611</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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**

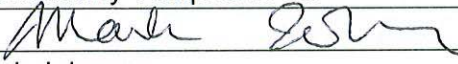
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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>Polar Communications Mutual Aid Corp.</b>			
Signature of authorized officer 		Date <b>5/21/2016</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>6/16/2016</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;">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:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</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	<span style="color: blue;">381615</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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 Inter-Community Telephone Co				
Signature of authorized officer 		Date	05-26-16	
Printed name of authorized officer Mark Johnson				
Title or position of authorized officer GM/CEO				
Telephone number of authorized officer: (701) 924-8815				
Study Area Code of Reporting Carrier 381616		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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;">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:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>GRIGGS CTY (M&amp;L)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tyler Kilde</b></p>				<p>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:5/24/2016</p>	
<p>Date: <b>5/24/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tyler Kilde</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP/GM</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-437-3417</b></p>					
Study Area Code of Reporting Carrier	<b>381622</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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 Northwest Communications Cooperative			
Signature of authorized officer <i>Mike Steffan</i>		Date	5-27-2016
Printed name of authorized officer Mike Steffan			
Title or position of authorized officer GM/CEO			
Telephone number of authorized officer: (701) 568-3331 ext. 8111			
Study Area Code of Reporting Carrier	381625	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>			

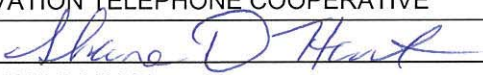
**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

<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>Polar Communications Mutual Aid Corp.</b>			
Signature of authorized officer 		Date	<b>5/21/2016</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>381630</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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: RED RIVER COMM.					
Signature of Authorized Officer or employee: Jeffrey Olson <div> <small>Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jeffolson@redrivercomm.com,O=red river comm.,l=Abercrombie ND 58001, Date:5/17/2016</small> </div>				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Jeffrey Olson					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 701-553-8309					
Study Area Code of Reporting Carrier	381631		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>RESERVATION TELEPHONE COOPERATIVE</b>			
Signature of authorized officer 		Date <b>5/17/2016</b>	
Printed name of authorized officer <b>SHANE D HART</b>			
Title or position of authorized officer <b>CEO/GM</b>			
Telephone number of authorized officer: <b>(701) 862-5229 ext.</b>			
Study Area Code of Reporting Carrier <b>381632</b>		Filing Due Date for this form (mm/dd/yyyy) <b>6/16/2016</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>UNITED TEL MUTUAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Perry Oster</b></p>				<p>Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united tel mutual,j=Langdon ND 58249-0729, Date:5/18/2016</p>	
<p>Date: <b>5/18/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Perry Oster</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-256-5156</b></p>					
Study Area Code of Reporting Carrier	<b>381636</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">W. RIVER TELECOM.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Troy Schilling</span></p>				<p><small>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=w. river telecom.,l=Hazen ND 58545, Date:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Troy Schilling</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;">701-748-2211</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate comm.,l=Stanley ND 58784-0400, Date:5/24/2016</p>	
<p>Date: <span style="color: blue;">5/24/2016</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;">6/16/2016</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

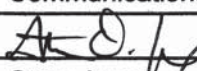
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: NEMONT TEL COOP - ND					
Signature of Authorized Officer or employee: Remi Sun <div> <small>Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop - nd,l=Scobey MT 59263-0600, Date:5/26/2016</small> </div>				Date: 5/26/2016	
Printed name of Authorized Officer or employee: Remi Sun					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 406-783-2358					
Study Area Code of Reporting Carrier	382247		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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 **05/18/2016**

Printed name of authorized officer **Steve Lysne**

Title or position of authorized officer **CEO/General Manager**

Telephone number of authorized officer: **(701) 858-5246**, ext.

Study Area Code of Reporting Carrier **383303** Filing Due Date for this form (mm/dd/yyyy) **6/16/2016**

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;">ALLIANCE-HILLS SD</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>				<p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills sd,I=Garretson SD 57030, Date:5/16/2016</p>	
<p>Date: <span style="color: blue;">5/16/2016</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;">391405</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</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;">GOLDEN WEST-ARMOUR</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span></p>				<p><small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-armour,I=Wall SD 57790-0411, Date:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Law</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;">605-279-2161</span></p>					
Study Area Code of Reporting Carrier	391640		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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;">ALLIANCE-BALTIC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>				<p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,lc=Garretson SD 57030, Date:5/16/2016</p>	
<p>Date: <span style="color: blue;">5/16/2016</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	391642		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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 Cheyenne River Sioux Tribe Telephone Authority

Signature of authorized officer



Date

5/18/2016

Printed name of authorized officer Terrance Veo

Title or position of authorized officer Board President

Telephone number of authorized officer: (605) 964-2600

Study Area Code of Reporting Carrier

391647

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

6/16/2016

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;">BERESFORD MUNICIPAL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Todd Hansen</span></p>				<p><small>Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal,= , Date: 5/26/2016</small></p> <p>Date: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Todd Hansen</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;">605-763-2500</span></p>					
Study Area Code of Reporting Carrier	391649		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">CLARITY TELECOM</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Keith Davidson</span></p>				<p><small>Digitally signed by Keith Davidson DN:cn=Keith Davidson,email=Keith.Davidson@vastbroadband.com,O=clarity telecom,lc= , Date: 5/18/2016</small></p> <p>Date: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Keith Davidson</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;">573-481-2265</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391652</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">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:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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		5-18-16
Printed name of authorized officer			Jerry Heiberger		
Title or position of authorized officer			CEO/General Manager		
Telephone number of authorized officer:			(605) 874-2181		
Study Area Code of Reporting Carrier		391654	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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: ALLIANCE-SPLITROCK					
Signature of Authorized Officer or employee: Kari Flanagan <div> <small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-splitrock,lc=Garretson SD 57030, Date:5/16/2016</small> </div>				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Kari Flanagan					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 605-594-8228					
Study Area Code of Reporting Carrier	391657		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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;">GOLDEN WEST TELECOM</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span></p>				<p><small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom,l=Wall SD 57790-0411, Date:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Law</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;">605-279-2161</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391659</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">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:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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>					
Study Area Code of Reporting Carrier	391660		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: JAMES VALLEY COOP					
Signature of Authorized Officer or employee: James Groft <div> <small>Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley coop,lc= , Date:5/16/2016</small> </div>				Date: 5/16/2016	
Printed name of Authorized Officer or employee: James Groft					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 605-397-2323					
Study Area Code of Reporting Carrier	391664		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>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:5/24/2016</p>	
<p>Date:      <b>5/24/2016</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>6/16/2016</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

<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;">GOLDEN WEST-KADOKA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span></p>				<p><small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-kadoka,I=Wall SD 57790-0411, Date:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Law</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;">605-279-2161</span></p>					
Study Area Code of Reporting Carrier	391667		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>KENNEBEC TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rod Bowar</b></p>				<p>Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=knbctel@kennebectelephone.com,O=kennebec tel co,l=Kennebec SD 57544, Date:5/23/2016</p>	
<p>Date: <b>5/23/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rod Bowar</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-869-2220</b></p>					
Study Area Code of Reporting Carrier	<b>391668</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">TRIOTEL COMM-MCCOOK</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-mccook,l=Salem SD 57058-0630, Date:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</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>					
Study Area Code of Reporting Carrier	391669		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>MIDSTATE COMM., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Benton</b></p>				<p>Digitally signed by Mark Benton DN:cn=Mark Benton,email=mark@midstaff.net,O=midstate comm., inc.,l=Kimball SD 57355, Date:5/25/2016</p>	
<p>Date: <b>5/25/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Benton</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-778-6221</b></p>					
Study Area Code of Reporting Carrier	<b>391670</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">WEST RIVER(MOBRIDGE)</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Troy Schilling</span></p>				<p><small>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river(mobridge),l=Hazen ND 58545, Date:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Troy Schilling</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;">701-748-2211</span></p>					
Study Area Code of Reporting Carrier	391671		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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				RC Technologies	
Signature of authorized officer			Date		05/18/2016
Printed name of authorized officer			Scott Bostrom		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(605) 637-5211		
Study Area Code of Reporting Carrier		391674	Filing Due Date for this form (mm/dd/yyyy)		6/16/2016
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.					



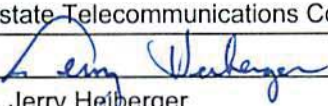
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<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:      <u>SANTEL COMM. COOP.</u></p>					
<p>Signature of Authorized Officer or employee:      <u>Ryan Thompson</u></p>				<p><small>Digitally signed by Ryan Thompson DN:cn=Ryan Thompson,email=rthompson@santel.coop,O=santel comm. coop.,l=Woonsocket SD 57385-0067, Date:5/27/2016</small></p>	
<p>Date:      <u>5/27/2016</u></p>					
<p>Printed name of Authorized Officer or employee:      <u>Ryan Thompson</u></p>					
<p>Title or position of Authorized Officer or employee:      <u>General Manager</u></p>					
<p>Telephone number of Authorized Officer or employee:      <u>605-796-8143</u></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><u>391676</u></p>	<p><u> </u></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><u>6/16/2016</u></p>	<p><u> </u></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

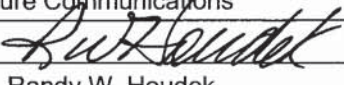
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GOLDEN WEST-SIOUX VY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span></p>				<p><small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-sioux vy,l=Wall SD 57790-0411, Date:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Law</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;">605-279-2161</span></p>					
Study Area Code of Reporting Carrier	391677		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>Interstate Telecommunications Cooperative, Inc. (ITC)</b>			
Signature of authorized officer 		Date <b>5-18-16</b>	
Printed name of authorized officer <b>Jerry Heiberger</b>			
Title or position of authorized officer <b>CEO/General Manager</b>			
Telephone number of authorized officer: <b>(605) 874-2181</b>			
Study Area Code of Reporting Carrier <b>391679</b>		Filing Due Date for this form (mm/dd/yyyy) <b>6/16/2016</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>			
Name of Reporting Carrier <b>Venture Communications</b>			
Signature of authorized officer 		Date <b>5/25/2016</b>	
Printed name of authorized officer <b>Randy W. Houdek</b>			
Title or position of authorized officer <b>General Manager/CEO</b>			
Telephone number of authorized officer: <b>(605) 852-2224</b> , ext.			
Study Area Code of Reporting Carrier <b>391680</b>		Filing Due Date for this form (mm/dd/yyyy) <b>6/16/2016</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;">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:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>GOLDEN WEST-UNION</b>					
Signature of Authorized Officer or employee: <b>Dennis Law</b> <small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-union,I=Wall SD 57790-0411, Date:5/20/2016</small>				Date: <b>5/20/2016</b>	
Printed name of Authorized Officer or employee: <b>Dennis Law</b>					
Title or position of Authorized Officer or employee: <b>General Manager/CEO</b>					
Telephone number of Authorized Officer or employee: <b>605-279-2161</b>					
Study Area Code of Reporting Carrier	<b>391684</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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 TELECOMM.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jeff Symens</span></p>				<p><small>Digitally signed by Jeff Symens DN:cn=Jeff Symens,email=jsymens@valleytel.net,O=valley telecomm.,l=South Herreid SD 57632-0007, Date:5/20/2016</small></p>	
<p>Date: <span style="color: blue;">5/20/2016</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jeff Symens</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;">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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">GOLDEN WEST-VIVIAN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span></p>				<p><small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-vivian, =Wall SD 57790-0411, Date:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Law</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;">605-279-2161</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391686</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>Venture Communications (Western)</b>			
Signature of authorized officer <i>[Signature]</i>		Date	5/25/2016
Printed name of authorized officer <b>Randy W. Houdek</b>			
Title or position of authorized officer <b>General Manager/CEO</b>			
Telephone number of authorized officer: <b>(605) 852-2224</b> ext.			
Study Area Code of Reporting Carrier	<b>391688</b>	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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: <b>WEST RIVER COOP</b>					
Signature of Authorized Officer or employee: <b>Colle Nash</b> <small>Digitally signed by Colle Nash DN:cn=Colle Nash,email=cnash@wrctc.coop,O=west river coop,l=Bison SD 57620, Date:5/19/2016</small>				Date: <b>5/19/2016</b>	
Printed name of Authorized Officer or employee: <b>Colle Nash</b>					
Title or position of Authorized Officer or employee: <b>Interim Co-Manager</b>					
Telephone number of Authorized Officer or employee: <b>605-244-5213</b>					
Study Area Code of Reporting Carrier	<b>391689</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">ARKANSAS TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Randy McCaslin</span></p>				<p><small>Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas tel co,l=Clinton AR 72031, Date:5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Randy McCaslin</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;">501-745-2114</span></p>					
Study Area Code of Reporting Carrier	<span style="color: blue;">401692</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

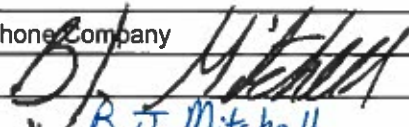
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<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;">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:5/17/2016</p>	
<p>Date: <span style="color: blue;">5/17/2016</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;">Office 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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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 <u>Cleveland County Telephone Company</u>			
Signature of authorized officer <u>B.J. Mitchell</u>		Date <u>5/23/16</u>	
Printed name of authorized officer <u>B.J. Mitchell</u>			
Title or position of authorized officer <u>President</u>			
Telephone number of authorized officer: <u>417-776-2247</u> ext. <u>      </u>			
Study Area Code of Reporting Carrier <u>401698</u>		Filing Due Date for this form (mm/dd/yyyy) <u>6/16/2016</u>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

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

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier	Decatur Telephone Company		
Signature of authorized officer		Date	5/23/14
Printed name of authorized officer	B J Mitchell		
Title or position of authorized officer	President		
Telephone number of authorized officer:	4172762247		
Study Area Code of Reporting Carrier	401699	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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;">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:5/18/2016</small></p> <p>Date: <span style="color: blue;">5/18/2016</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>					
Study Area Code of Reporting Carrier	401702		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">LAVACA TEL CO-AR</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Keith Gibson</span></p>				<p><small>Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ar,l=Lavaca AR 72941-0230, Date:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Keith Gibson</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;">479-674-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401704</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">MADISON COUNTY TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">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:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</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>					
Study Area Code of Reporting Carrier	401709		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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:5/25/2016</p>	
<p>Date: <b>5/25/2016</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>6/16/2016</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;">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:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</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>					
Study Area Code of Reporting Carrier	401712		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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:5/26/2016</p>	
<p>Date: <b>5/26/2016</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>6/16/2016</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:5/17/2016</small></p>	
<p>Date: <span style="color: blue;">5/17/2016</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>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401718</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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		05/16/2016
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)	6/16/2016	
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;">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:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</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>					
Study Area Code of Reporting Carrier	401722		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: SW ARKANSAS TEL COOP					
Signature of Authorized Officer or employee: Tina Moore <div> <small>Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=sw arkansas tel coop, Date:5/18/2016</small> </div>				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Tina Moore					
Title or position of Authorized Officer or employee: Accountant					
Telephone number of Authorized Officer or employee: 870-653-8222					
Study Area Code of Reporting Carrier	401724		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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:5/20/2016</small></p>	
<p>Date: <span style="color: blue;">5/20/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>WALNUT HILL TEL CO</b>					
Signature of Authorized Officer or employee: <b>Amanda Molina</b>				<small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=walnut hill tel co,lc= , Date: 5/20/2016</small> Date: <b>5/20/2016</b>	
Printed name of Authorized Officer or employee: <b>Amanda Molina</b>					
Title or position of Authorized Officer or employee: <b>Vice President of External Relations</b>					
Telephone number of Authorized Officer or employee: <b>904-259-0029</b>					
Study Area Code of Reporting Carrier	<b>401729</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">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:5/25/2016</small></p>	
<p>Date: <span style="color: blue;">5/25/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>ARKWEST COMM., INC.</b>					
Signature of Authorized Officer or employee: <b>P. Sanders</b> <small>Digitally signed by P. Sanders DN:cn=P. Sanders,email=ptjr@arkwest.com,O=arkwest comm., inc.,l=Danville AR 72833, Date:5/25/2016</small>				Date: <b>5/25/2016</b>	
Printed name of Authorized Officer or employee: <b>P. Sanders</b>					
Title or position of Authorized Officer or employee: <b>President &amp; GM</b>					
Telephone number of Authorized Officer or employee: <b>479-495-4242</b>					
Study Area Code of Reporting Carrier	<b>401734</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">SCOTT COUNTY TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Karen Gilliam</span></p>				<p><small>Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county tel co,l=Avilla MO 64833, Date:5/27/2016</small></p> <p>Date: <span style="color: blue;">5/27/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Karen Gilliam</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;">479-923-4200</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">403031</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>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:5/19/2016</p>	
<p>Date: <b>5/19/2016</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>6/16/2016</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>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:5/16/2016</p>	
<p>Date: <span style="color: blue;">5/16/2016</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;">6/16/2016</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;">CUNNINGHAM TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Brent Cunningham</span></p>				<p><small>Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham tel co,l=Glen Elder KS 67446-0108, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brent Cunningham</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;">785-545-3215</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411761</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>Elkhart Telephone Co., Inc.</b>			
Signature of authorized officer <i>Trenton D. Boaldin</i>		Date	<b>5/26/2016</b>
Printed name of authorized officer <b>Trenton D. Boaldin</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(620) 697-2111</b> , ext.			
Study Area Code of Reporting Carrier	<b>411764</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>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:5/20/2016</p>	
<p>Date: <b>5/20/2016</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>6/16/2016</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;">GORHAM TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tonya Murphy</span></p>				<p><small>Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham tel co,l=Gorham KS 67640-0235, Date:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tonya Murphy</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;">785-637-5300</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411778</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">HAVILAND TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Wade</span>				<small>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland tel co,l=Haviland KS 67059, Date:5/26/2016</small> Date: <span style="color: blue;">5/26/2016</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Wade</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;">620-862-5211</span>					
Study Area Code of Reporting Carrier	411780		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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;">H &amp; B COMMUNICATIONS</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Robert Koch</span></p>				<p><small>Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h &amp; b communications,l=Holyrood KS 67450, Date:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Koch</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President and General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">785-252-4000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411781</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">HOME TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Tina Anderson</span></p>				<p>Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hci-ks.com,O=home tel co,l=Galva KS 67443, Date:5/26/2016</p>	
<p>Date: <span style="color: blue;">5/26/2016</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;">6/16/2016</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;">J. B. N. TEL CO INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Shelly Smith</span></p>				<p><small>Digitally signed by Shelly Smith DN:cn=Shelly Smith,email=shelly@jbntelco.com,O=j. b. n. tel co inc,l=Holton KS 66436, Date:5/27/2016</small></p>	
<p>Date: <span style="color: blue;">5/27/2016</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Shelly Smith</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;">785-866-3402</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411785</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">KANOKLA TEL ASSN-KS</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Jill Kuehny</span></p>				<p>Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla tel assn-ks,l=Caldwell KS 67022-0111, Date:5/20/2016</p>	
<p>Date: <span style="color: blue;">5/20/2016</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jill Kuehny</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;">620-845-5682</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411788</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</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 <b>Madison Telephone, LLC</b>			
Signature of authorized officer <i>Shana Rains</i>		Date <b>5/17/16</b>	
Printed name of authorized officer <b>Shana Rains</b>			
Title or position of authorized officer <b>Accountant</b>			
Telephone number of authorized officer: <b>(620) 437-2356</b>			
Study Area Code of Reporting Carrier	<b>411801</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>MOKAN DIAL INC-KS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Amanda Molina</b></p>				<p>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-ks,l=, Date:5/20/2016</p>	
<p>Date: <b>5/20/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Amanda Molina</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of External Relations</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>6/16/2016</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>MUTUAL TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Tietjens</b></p>				<p>Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mutual tel co,l=Little River KS 67457, Date:5/19/2016</p>	
<p>Date: <b>5/19/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Tietjens</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>620-897-6200</b></p>					
Study Area Code of Reporting Carrier	<b>411809</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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 TELECOM LLC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kathy Billinger</span></p>				<p><small>Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peoplestelecom.net,O=peoples telecom llc,lc=LaCygne KS 66040, Date:5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kathy Billinger</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;">913-757-2500</span></p>					
Study Area Code of Reporting Carrier	411814		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">CRAW-KAN TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Craig Wilbert</span></p>				<p><small>Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan tel coop,l=Girard KS 66743-0100, Date:5/26/2016</small></p> <p>Date: <span style="color: blue;">5/26/2016</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>					
Study Area Code of Reporting Carrier	<span style="color: blue;">411818</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: RAINBOW TELECOM					
Signature of Authorized Officer or employee: James Lednický <div> <small>Digitally signed by James Lednický DN:cn=James Lednický,email=james@rainbowtel.com,O=rainbow telecom,l=Everest KS 66424-0147, Date:5/19/2016</small> </div>				Date: 5/19/2016	
Printed name of Authorized Officer or employee: James Lednický					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 785-548-7511					
Study Area Code of Reporting Carrier	411820		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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: S & T TEL COOP ASSN					
Signature of Authorized Officer or employee: Christina Hickert <small>Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=christina.hickert@sttelcom.com,O=s &amp; t tel coop assn,l=Brewster KS 67732, Date:5/25/2016</small>				Date: 5/25/2016	
Printed name of Authorized Officer or employee: Christina Hickert					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 785-694-2256					
Study Area Code of Reporting Carrier	411827		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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;">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:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</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>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411829</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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. CENTRAL TEL - KS</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kelly Johnson</span></p>				<p><small>Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kjohnson@sctelcom.com,O=s. central tel - ks,l= , Date:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kelly Johnson</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;">620-930-1020</span></p>					
Study Area Code of Reporting Carrier	411831		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

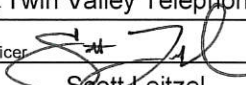
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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: SOUTHERN KANSAS TEL					
Signature of Authorized Officer or employee: William McVey <small>Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel,l=Clearwater KS 67026-0800, Date:5/17/2016</small>				Date: 5/17/2016	
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)	6/16/2016	
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;">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:5/16/2016</small></p>	
<p>Date: <span style="color: blue;">5/16/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>Twin Valley Telephone, Inc.</b>			
Signature of authorized officer 		Date <b>5/26/2016</b>	
Printed name of authorized officer <b>Scott Leitzel</b>			
Title or position of authorized officer <b>Vice President of Operations</b>			
Telephone number of authorized officer: <b>(785) 427-2211</b> , ext.			
Study Area Code of Reporting Carrier <b>411840</b>		Filing Due Date for this form (mm/dd/yyyy) <b>6/16/2016</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: UNITED TEL ASSN</p>					
<p>Signature of Authorized Officer or employee: Jennifer Pachner</p>				<p>Digitally signed by Jennifer Pachner DN:cn=Jennifer Pachner,email=jenniferp@unitedtelcom.net,O=united tel assn,l=Dodge City KS 67801-0117, Date:5/16/2016</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Jennifer Pachner</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 620-227-8641</p>					
Study Area Code of Reporting Carrier	411841		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>WAMEGO TEL CO INC</b>					
Signature of Authorized Officer or employee: <b>Jeff Wick</b> <small>Digitally signed by Jeff Wick DN:cn=Jeff Wick,email=jwick@wtcks.com,O=wamego tel co inc,lc= , Date:5/23/2016</small>				Date: <b>5/23/2016</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>6/16/2016</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;">WHEAT STATE TEL, INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Arturo Macias</span></p>				<p><small>Digitally signed by Arturo Macias DN:cn=Arturo Macias,email=agmacias@wheatstate.com,O=wheat state tel, inc,l=Udall KS 67146, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Arturo Macias</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;">620-782-3341</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411847</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">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:5/26/2016</small></p> <p>Date: <span style="color: blue;">5/26/2016</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>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411849</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>			
<b>Name of Reporting Carrier</b> ZENDA TELEPHONE COMPANY, INC			
<b>Signature of authorized officer</b> <i>John A. Ludenia</i>		<b>Date</b> 5/17/2016	
<b>Printed name of authorized officer</b> JOHN LUDENIA			
<b>Title or position of authorized officer</b> VICE PRESIDENT			
<b>Telephone number of authorized officer:</b> (304) 983-8642			
<b>Study Area Code of Reporting Carrier</b> 411852		<b>Filing Due Date for this form</b> 6/16/2016 (mm/dd/yyyy)	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>BPS Tel. Co.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lisa Winberry</b></p>				<p>Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps tel. co.,l=Bernie MO 63822-0550, Date:5/19/2016</p>	
<p>Date: <b>5/19/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Lisa Winberry</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>573-293-2277</b></p>					
Study Area Code of Reporting Carrier	<b>420463</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">IAMO TEL CO - MO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jack Jones</span></p>				<p><small>Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel co - mo,l=Coin IA 51636, Date:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jack Jones</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;">712-583-3232</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421206</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">CRAW-KAN TEL COOP-MO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Craig Wilbert</span>				<small>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:5/26/2016</small> Date: <span style="color: blue;">5/26/2016</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Craig Wilbert</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;">620-724-8235</span>					
Study Area Code of Reporting Carrier	421759		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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-MO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Amanda Molina</b></p>				<p>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-mo,lc=, Date:5/20/2016</p>	
<p>Date: <b>5/20/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Amanda Molina</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of External Relations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>904-259-0029</b></p>					
Study Area Code of Reporting Carrier	<b>421807</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">ALMA COMM. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Adolf Heins</span></p>				<p><small>Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma comm. co.,l=Alma MO 64001, Date:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</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>					
Study Area Code of Reporting Carrier	<span style="color: blue;">421860</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">CHARITON VALLEY TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kirby Underberg</span></p>				<p><small>Digitally signed by Kirby Underberg DN:cn=Kirby Underberg,email=kunderberg@charitonvalley.com,O=chariton valley tel,=Macon MO 63552, Date:5/27/2016</small></p> <p>Date: <span style="color: blue;">5/27/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kirby Underberg</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;">660-395-9000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421864</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">CITIZENS TEL CO - MO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Brian Cornelius</span></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: 5/17/2016</p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brian Cornelius</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;">660-584-6520</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421865</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</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>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:5/23/2016</p>	
<p>Date: <b>5/23/2016</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>6/16/2016</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;">FARBER TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Charles Crow</span></p>				<p><small>Digitally signed by Charles Crow DN:cn=Charles Crow,email=ccrow@ftco.net,O=farber tel co,lc= , Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Charles Crow</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;">573-249-9800</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421876</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">FIDELITY TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Carla Cooper</span></p>				<p><small>Digitally signed by Carla Cooper DN:cn=Carla Cooper,email=carla.cooper@fidelitycommunications.com,O=fidelity tel co, Inc., Date:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Carla Cooper</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">VP of Finance</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">573-468-1218</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421882</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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 Goodman Telephone Company			
Signature of authorized officer <i>B. J. Mitchell</i>		Date	5/23/16
Printed name of authorized officer B J Mitchell			
Title or position of authorized officer President			
Telephone number of authorized officer: 417 276 2247 ext.			
Study Area Code of Reporting Carrier	421886	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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:      <b>GRANBY TEL CO - MO</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Cheri Johnson</b></p>				<p><small>Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - mo,l=Granby MO 64844, Date:5/16/2016</small></p>	
<p>Date:      <b>5/16/2016</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Cheri Johnson</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>Corporate Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>417-472-5513</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421887</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</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				Grand River Mutual Telephone Corporation	
Signature of authorized officer		<i>Gregg Davis</i>		Date	5/17/16
Printed name of authorized officer		Gregg Davis			
Title or position of authorized officer		President			
Telephone number of authorized officer: (860) 748-3231 ext.					
Study Area Code of Reporting Carrier		421888	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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: GREEN HILLS TEL CORP					
Signature of Authorized Officer or employee: David Adams <small>Digitally signed by David Adams DN:cn=David Adams,email=dadams@ghtc.com,O=green hills tel corp,l=Breckenridge MO 64625, Date:5/18/2016</small>				Date: 5/18/2016	
Printed name of Authorized Officer or employee: David Adams					
Title or position of Authorized Officer or employee: EVP/GM					
Telephone number of Authorized Officer or employee: 660-644-5411					
Study Area Code of Reporting Carrier	421890		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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>CHOCTAW TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Amanda Molina</b></p>				<p>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=choctaw telephone co,l= , Date:5/20/2016</p>	
<p>Date: <b>5/20/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Amanda Molina</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of External Relations</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>6/16/2016</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:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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=mmccowan@kingdomtelco.com,O=kingdom telephone co, =-Auxvasse MO 65231, Date:5/17/2016</small></p>	
<p>Date: <span style="color: blue;">5/17/2016</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>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421901</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</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>					
Study Area Code of Reporting Carrier	421908		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">MCDONALD COUNTY TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Ross Babbitt</span></p>				<p><small>Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county tel,l=Pineville MO 64856-0207, Date:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ross Babbitt</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;">417-223-4313</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421912</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">MARK TWAIN RURAL TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Jim Lyon</span></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:5/19/2016</p>	
<p>Date: <span style="color: blue;">5/19/2016</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jim Lyon</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Executive VP / General Mgr</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">660-423-5211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421914</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</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;">OTELCO MID-MISSOURI</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Dennis Andrews</span></p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=otelco mid-missouri,lc= , Date: 5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Andrews</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Sr Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">256-586-1420</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421917</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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 Miller Telephone Company				
Signature of authorized officer <i>John R Ludenia</i>			Date	5/23/2016
Printed name of authorized officer John R Ludenia				
Title or position of authorized officer Vice President				
Telephone number of authorized officer: (304) 983-8642, ext.				
Study Area Code of Reporting Carrier	421920	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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;">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:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>NEW LONDON 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=new london tel co,l=Rockland ID 83271, Date:5/17/2016</small> Date: <b>5/17/2016</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>421928</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">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:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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:5/24/2016</p>	
<p>Date: <b>5/24/2016</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>6/16/2016</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	5/17/16
Printed name of authorized officer Gregg Davis				
Title or position of authorized officer President				
Telephone number of authorized officer: (660) 748-3231, ext.				
Study Area Code of Reporting Carrier	421932	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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;">ORCHARD FARM TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Garrin Bott</span></p>				<p>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=orchard farm tel co,l=Rockland ID 83271, Date:5/17/2016</p>	
<p>Date: <span style="color: blue;">5/17/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">OREGON FARMERS MUT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Wendy Ottman</span></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=ottman@ofmlive.net,O=oregon farmers mut,l=Oregon MO 64473, Date:5/25/2016</small></p>	
<p>Date: <span style="color: blue;">5/25/2016</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Wendy Ottman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Assistant General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">660-446-3391</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421935</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>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:5/18/2016</p>	
<p>Date: <b>5/18/2016</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>6/16/2016</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>ROCK PORT TEL CO</b>					
Signature of Authorized Officer or employee: <b>Rick Bradley</b> <small>Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel co,l=Rock Port MO 64482-0147, Date:5/17/2016</small>				Date: <b>5/17/2016</b>	
Printed name of Authorized Officer or employee: <b>Rick Bradley</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>660-744-5311</b>					
Study Area Code of Reporting Carrier	<b>421942</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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				Steelville Telephone Company	
Signature of authorized officer			Date		05/17/2016
Printed name of authorized officer			Don Santhuff		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(573) 775-2111, ext.		
Study Area Code of Reporting Carrier		421949	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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;">STOUTLAND TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Garrin Bott</span></p>				<p>Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=stoutland tel co,l=Rockland ID 83271, Date:5/17/2016</p>	
<p>Date: <span style="color: blue;">5/17/2016</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;">421951</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</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>LAVACA TEL CO-OK</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-ok,l=Lavaca AR 72941-0230, Date:5/24/2016</p>	
<p>Date: <b>5/24/2016</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>431704</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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: KANOKLA TEL ASSN-OK					
Signature of Authorized Officer or employee: Jill Kuehny <small>Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla tel assn-ok,l=Caldwell KS 67022-0111, Date:5/20/2016</small>				Date: 5/20/2016	
Printed name of Authorized Officer or employee: Jill Kuehny					
Title or position of Authorized Officer or employee: Chief Financial Officer					
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)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>Kelly Johnson</b></p>				<p>Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kjohnson@sctelcom.com,O=s. central tel - ok, Date:5/20/2016</p>	
<p>Date: <b>5/20/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kelly Johnson</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>620-930-1020</b></p>					
Study Area Code of Reporting Carrier	<b>431831</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">ATLAS TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Barbara Summa</span></p>				<p><small>Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas tel co,l=Big Cabin OK 74332-0077, Date:5/27/2016</small></p> <p>Date: <span style="color: blue;">5/27/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Barbara Summa</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;">918-783-5111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431966</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>BEGGS TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kay Mount</b></p>				<p>Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs tel co,l=Beggs OK 74421-0749, Date:5/23/2016</p>	
<p>Date: <b>5/23/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kay Mount</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Pres. &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>918-267-3636</b></p>					
Study Area Code of Reporting Carrier	<b>431968</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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:5/23/2016</p>	
<p>Date: <b>5/23/2016</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>6/16/2016</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		05/17/2016
Printed name of authorized officer			Gary Woodruff		
Title or position of authorized officer			Vice President		
Telephone number of authorized officer:			(580) 654-1022 ext.		
Study Area Code of Reporting Carrier		431976	Filing Due Date for this form (mm/dd/yyyy)		6/16/2016
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>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:5/18/2016</p>	
<p>Date: <b>5/18/2016</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>6/16/2016</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, Inc., Date:5/27/2016</small></p> <p>Date: <span style="color: blue;">5/27/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>CHICKASAW TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Larry Jones</b></p>				<p>Digitally signed by Larry Jones DN:cn=Larry Jones,email=ldjones@chickasawphone.net,O=chickasaw tel co,l=Sulphur OK 73086-0460, Date:5/18/2016</p>	
<p>Date: <b>5/18/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Larry Jones</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>580-622-5223</b></p>					
Study Area Code of Reporting Carrier	<b>431980</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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 Cjmarrron Telephone Company				
Signature of authorized officer <i>Gene Baldwin</i>			Date	05/ 17/2016
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)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Cross Telephone Company	
Signature of authorized officer					Date
Printed name of authorized officer			Kim Collins		
Title or position of authorized officer			Assistant Secretary		
Telephone number of authorized officer:			(918) 463-2921 ext.		
Study Area Code of Reporting Carrier		431985	Filing Due Date for this form (mm/dd/yyyy)		6/16/2016
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;">DOBSON TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Trent LeForce</span></p>				<p><small>Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=tforce@dobson.net,O=dobson tel co,l= , Date:5/18/2016</small></p> <p>Date: <span style="color: blue;">5/18/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">GRAND TEL CO INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Jason Anderson</span></p>				<p><small>Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand tel co inc,l=Jay OK 74346-0308, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jason Anderson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller/Co-Manager/2nd Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">918-253-4231</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431994</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: HINTON TEL CO					
Signature of Authorized Officer or employee: Kenneth Doughty <small>Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton tel co,l=Hinton OK 73047, Date:5/19/2016</small>				Date: 5/19/2016	
Printed name of Authorized Officer or employee: Kenneth Doughty					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 405-542-3262					
Study Area Code of Reporting Carrier	431995		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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: MCLLOUD TEL CO					
Signature of Authorized Officer or employee: Trent LeForce <div style="font-size: small; color: blue;">             Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=tforce@dobson.net,O=mcloud tel co,l= , Date:5/18/2016           </div>				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Trent LeForce					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 405-242-0336					
Study Area Code of Reporting Carrier	432006		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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;">MEDICINE PARK TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Dean Pennello</span></p>				<p><small>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=medicine park tel co,l=Medicine Park OK 73557, Date:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dean Pennello</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;">580-529-2700</span></p>					
Study Area Code of Reporting Carrier	432008		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">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:5/16/2016</small></p>	
<p>Date: <span style="color: blue;">5/16/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">OKLAHOMA WESTERN TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Pauline Van Horn</span></p>				<p>Digitally signed by Pauline Van Horn DN:cn=Pauline Van Horn,email=pvanhorn.owtc@gmail.com,O=oklahoma western tel,l=Clayton OK 74536, Date:5/27/2016</p>	
<p>Date: <span style="color: blue;">5/27/2016</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Pauline Van Horn</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chairman</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">918-569-4111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432014</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

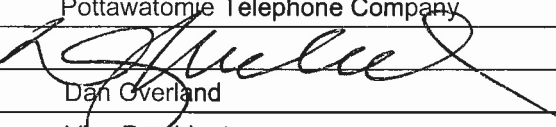
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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>PIONEER TEL COOP INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Richard Ruhl</b></p>				<p>Digitally signed by Richard Ruhl DN:cn=Richard Ruhl,email=raruhl@ptci.com,O=pioneer tel coop inc,l=Kingfisher OK 73750-0539, Date:5/18/2016</p>	
<p>Date: <b>5/18/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Richard Ruhl</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>405-375-0191</b></p>					
Study Area Code of Reporting Carrier	<b>432018</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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	Pottawatomie Telephone Company		
Signature of authorized officer		Date	05/17/2016
Printed name of authorized officer	Dan Overland		
Title or position of authorized officer	Vice President		
Telephone number of authorized officer:	(405) 997-5201 ext.		
Study Area Code of Reporting Carrier	432020	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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;">SALINA-SPAVINAW TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scott Boone</span></p>				<p><small>Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel,l= , Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Boone</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;">918-496-8166</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432022</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">SHIDLER TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Lisa Patton</span></p>				<p><small>Digitally signed by Lisa Patton DN:cn=Lisa Patton,email=lisa@stinternet.net,O=shidler tel co,l=Shidler OK 74652, Date:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Lisa Patton</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;">918-793-2211</span></p>					
Study Area Code of Reporting Carrier	432023		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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 OKLAHOMA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>George Wycoff</b></p>				<p>Digitally signed by George Wycoff DN:cn=George Wycoff,email=swotc@swoi.net,O=sw oklahoma tel co,l=Duke OK 73532, Date:5/17/2016</p>	
<p>Date: <b>5/17/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>George Wycoff</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Exec. Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>580-679-3345</b></p>					
Study Area Code of Reporting Carrier	<b>432025</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>TERRAL TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dick Segress</b></p>				<p>Digitally signed by Dick Segress DN:cn=Dick Segress,email=dick@ttslinx.com,O=terral tel co, Inc., Date: 5/27/2016</p>	
<p>Date: <b>5/27/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dick Segress</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>405-602-2408</b></p>					
Study Area Code of Reporting Carrier	<b>432029</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>VALLIANT TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tommy Dorries</b></p>				<p>Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant tel co,l=Valliant OK 74764, Date:5/25/2016</p>	
<p>Date: <b>5/25/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tommy Dorries</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>580-933-4400</b></p>					
Study Area Code of Reporting Carrier	<b>432032</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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 Wyandotte Telephone Company			
Signature of authorized officer 		Date	5/23/16
Printed name of authorized officer B J Mitchell			
Title or position of authorized officer Vice-President			
Telephone number of authorized officer: 417.776.2247 ext.			
Study Area Code of Reporting Carrier 432034		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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;">SANTA ROSA TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jason Tole</span></p>				<p><small>Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jason Tole</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Assistant GM / CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">940-886-2014</span></p>					
Study Area Code of Reporting Carrier	432141		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">CAMERON TEL CO TEXAS</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Bruce Petry</span></p>				<p><small>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel co texas,l=Sulphur LA 70664-0167, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Petry</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;">337-583-2092</span></p>					
Study Area Code of Reporting Carrier	440425		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">BLOSSOM TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">C. Dorries</span></p>				<p><small>Digitally signed by C. Dorries DN:cn=C. Dorries,email=Clint@blossomtel.net,O=blossom tel co,l=Blossom TX 75416-0008, Date:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">C. Dorries</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;">903-982-5200</span></p>					
Study Area Code of Reporting Carrier	442038		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>BIG BEND TEL CO INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rusty Moore</b></p>				<p>Digitally signed by Rusty Moore DN:cn=Rusty Moore,email=rusty.moore@bbtco.com,O=big bend tel co inc,l= , Date:5/25/2016</p>	
<p>Date: <b>5/25/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rusty Moore</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>432-364-0089</b></p>					
Study Area Code of Reporting Carrier	<b>442039</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">BRAZORIA TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Gil Rasco</span></p>				<p><small>Digitally signed by Gil Rasco DN:cn=Gil Rasco,email=gil@btel.com,O=brazoria tel co,l=Brazoria TX 77422, Date:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gil Rasco</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;">979-798-2121</span></p>					
Study Area Code of Reporting Carrier	442040		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>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:5/17/2016</p>	
<p>Date: <b>5/17/2016</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>6/16/2016</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:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">CAP ROCK TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Jim Whitefield</span></p>				<p><small>Digitally signed by Jim Whitefield DN: cn=Jim Whitefield, email=advisory@caprock-spur.com, O=cap rock tel coop, I=Spur TX 79370-0300, Date: 5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jim Whitefield</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Vice President/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">806-271-3336</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442046</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>CENTRAL TEXAS CO-OP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jamey Wigley</b></p>				<p>Digitally signed by Jamey Wigley DN:cn=Jamey Wigley,email=jameyw@centexnet.com,O=central texas co-op,l=Goldthwaite TX 76844, Date:5/20/2016</p>	
<p>Date: <b>5/20/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jamey Wigley</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>325-648-2237</b></p>					
Study Area Code of Reporting Carrier	<b>442052</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>COLEMAN COUNTY CO-OP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tim Humpert</b></p>				<p>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:5/25/2016</p>	
<p>Date: <b>5/25/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tim Humpert</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>325-348-3124</b></p>					
Study Area Code of Reporting Carrier	<b>442057</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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				Colorado Valley Telephone Cooperative, Inc.	
Signature of authorized officer				Date	6/26/2016
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)	6/16/2016		
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>TOTELCOM COMM.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Toney Prather</b></p>				<p>Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=totelcom comm.,l=De Leon TX 76444, Date:5/16/2016</p>	
<p>Date: <b>5/16/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Toney Prather</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>254-893-1000</b></p>					
Study Area Code of Reporting Carrier	<b>442060</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">COMMUNITY TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Clifford Humpert</span></p>				<p><small>Digitally signed by Clifford Humpert DN:cn=Clifford Humpert,email=cliffhumpert@comcell.net,O=community tel co,l=Windthorst TX 76389, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Clifford Humpert</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;">940-423-6201</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442061</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: CUMBY TEL COOP INC					
Signature of Authorized Officer or employee: Karen Zimmerman <small>Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenz@cumbytel.com,O=cumby tel coop inc,lc=Cumby TX 75433, Date:5/18/2016</small>				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Karen Zimmerman					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 903-994-2211					
Study Area Code of Reporting Carrier	442065		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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;">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,lc=TX, Date:5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</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>					
Study Area Code of Reporting Carrier	<span style="color: blue;">442066</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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=stevena@eastex.com,O=eastex tel coop inc,l=Henderson TX 75653-0150, Date:5/16/2016</p>	
<p>Date: <b>5/16/2016</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>6/16/2016</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: ELECTRA TELEPHONE CO					
Signature of Authorized Officer or employee: Amanda Molina				<small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=electra telephone co,l= , Date:5/20/2016</small> Date: 5/20/2016	
Printed name of Authorized Officer or employee: Amanda Molina					
Title or position of Authorized Officer or employee: Vice President of External Relations					
Telephone number of Authorized Officer or employee: 904-259-0029					
Study Area Code of Reporting Carrier	442069		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>Mark Washington</b></p>				<p>Digitally signed by Mark Washington DN:cn=Mark Washington,email=markwa@fivearea.com,O=five area tel co-op,l=Muleshoe TX 79347, Date:5/18/2016</p>	
<p>Date: <b>5/18/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Washington</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>6/16/2016</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>BORDER TO BORDER</b>					
Signature of Authorized Officer or employee: <b>Curtis Hunt</b>				<small>Digitally signed by Curtis Hunt DN:cn=Curtis Hunt,email=curtis.hunt@trceng.com,O=border to border,lc= , Date:5/19/2016</small> Date: <b>5/19/2016</b>	
Printed name of Authorized Officer or employee: <b>Curtis Hunt</b>					
Title or position of Authorized Officer or employee: <b>Secretary/Treasurer</b>					
Telephone number of Authorized Officer or employee: <b>956-936-2000</b>					
Study Area Code of Reporting Carrier	<b>442073</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>GANADO TEL.</b>					
Signature of Authorized Officer or employee: <b>Bill Rakowitz</b> <small>Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado tel.,l=Ganado TX 77962-0329, Date:5/25/2016</small>				Date: <b>5/25/2016</b>	
Printed name of Authorized Officer or employee: <b>Bill Rakowitz</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>361-771-3331</b>					
Study Area Code of Reporting Carrier	<b>442076</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>			
Name of Reporting Carrier Hill country Telephone Cooperative, Inc.			
Signature of authorized officer <i>Willard R. Bass</i>		Date	5-23-16
Printed name of authorized officer Willard R. Bass			
Title or position of authorized officer Board President			
Telephone number of authorized officer: (830) 367-5333 ext.			
Study Area Code of Reporting Carrier	442086	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>ALENCO COMMUNICATION</b>					
Signature of Authorized Officer or employee: <b>Ray Bussell</b> <small>Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communication,l=Joshua TX 76058, Date:5/17/2016</small>				Date: <b>5/17/2016</b>	
Printed name of Authorized Officer or employee: <b>Ray Bussell</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>817-447-0127</b>					
Study Area Code of Reporting Carrier	<b>442090</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>ETS TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee:      <b>J. Findley</b></p>				<p><small>Digitally signed by J. Findley DN:cn=J. Findley,email=jfindley@entouchsystems.net,O=ets tel. co., inc.,l= , Date:5/23/2016</small></p> <p>Date:      <b>5/23/2016</b></p>	
<p>Printed name of Authorized Officer or employee:      <b>J. Findley</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>281-225-0501</b></p>					
Study Area Code of Reporting Carrier	<b>442091</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Industry Telephone Company	
Signature of authorized officer		x <i>Robin Marek</i>		Date	05/17/2016
Printed name of authorized officer		Robin Marek			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(979) 357-4411			
Study Area Code of Reporting Carrier	442093		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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;">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:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">LIPAN TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Beth Howard</span></p>				<p><small>Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan tel co,l=Lipan TX 76462, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Beth Howard</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Sec / Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">254-646-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442105</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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 Mid-Plains Rural Tel. Co-op. Inc.			
Signature of authorized officer <i>Rick Hurt</i>		Date	5/16/16
Printed name of authorized officer Rick Hurt			
Title or position of authorized officer CEO/General Manager			
Telephone number of authorized officer: (806) 668-4420 ext.			
Study Area Code of Reporting Carrier	442112	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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;">MUNSTER DBA NORTEX</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Alan Rohmer</span></p>				<p>Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=muenster dba nortex,l=Muenster TX 76252, Date:5/20/2016</p>	
<p>Date: <span style="color: blue;">5/20/2016</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>					
Study Area Code of Reporting Carrier	442116		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

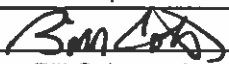
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<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><small>Digitally signed by Gena von Reyn DN:cn=Gena von Reyn,email=gena.vonreyn@gopeoples.net,O=peoples tel coop -tx,l=Quitman TX 75783, Date:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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>					
Study Area Code of Reporting Carrier	442130		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">POKA-LAMBRO TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">David McEndree</span></p>				<p><small>Digitally signed by David McEndree DN:cn=David McEndree,email=dmc@poka.com,O=poka-lambro tel coop,l=Tahoka TX 79373-1340, Date:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David McEndree</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;">806-924-7234</span></p>					
Study Area Code of Reporting Carrier	442131		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>Riviera Telephone Company, Inc.</b>			
Signature of authorized officer 		Date	<b>5/20/2016</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>6/16/2016</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>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:5/17/2016</small>				Date: <b>5/17/2016</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>6/16/2016</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>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:5/17/2016</p>	
<p>Date: <b>5/17/2016</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>6/16/2016</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				South Plains Telephone Cooperative, Inc.	
Signature of authorized officer		<i>Scotty Hart</i>		Date	5-26-2016
Printed name of authorized officer		Scotty Hart			
Title or position of authorized officer		CEO / General Manager			
Telephone number of authorized officer:		(806) 763-2301			
Study Area Code of Reporting Carrier		442143	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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>TATUM TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Amanda Molina</b></p>				<p>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=tatum tel co,lc= , Date: 5/20/2016</p>	
<p>Date: <b>5/20/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Amanda Molina</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of External Relations</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>6/16/2016</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:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</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>					
Study Area Code of Reporting Carrier	442151		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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-OP -TX</p>					
<p>Signature of Authorized Officer or employee: Dave Osborn</p>				<p>Digitally signed by Dave Osborn DN:cn=Dave Osborn,email=dave.osborn@vtx1.net,O=valley tel co-op -tx, Date:5/18/2016</p>	
<p>Date: 5/18/2016</p>					
<p>Printed name of Authorized Officer or employee: Dave Osborn</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 956-642-1124</p>					
Study Area Code of Reporting Carrier	442159		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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 Texas Rural Telephone Cooperative, Inc.			
Signature of authorized officer 		Date	05/26/2016
Printed name of authorized officer Amy Linzey			
Title or position of authorized officer CEO/General Manager			
Telephone number of authorized officer: (806) 364-3331			
Study Area Code of Reporting Carrier	442166	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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

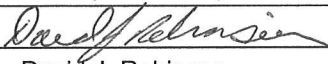
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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;">WES-TEX TEL CO-OP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Darren Patrick</span></p>				<p><small>Digitally signed by Darren Patrick DN:cn=Darren Patrick,email=dpatrick@westex.coop,O=wes-tex tel co-op,l=Stanton TX 79782, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Darren Patrick</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Executive VP/General Manager</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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:5/26/2016</small></p> <p>Date: <span style="color: blue;">5/26/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

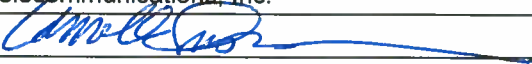
442262

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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			
Signature of authorized officer 		Date	5-23-16
Printed name of authorized officer David J. Robinson			
Title or position of authorized officer Chief Financial Officer/Assistant CEO			
Telephone number of authorized officer: (575) 389-5100 ext.			
Study Area Code of Reporting Carrier	442262	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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.			

450815

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

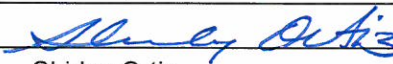
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Hopi Telecommunications, Inc.			
Signature of authorized officer 		Date	5/26/2016
Printed name of authorized officer Carroll Onsae			
Title or position of authorized officer General Manager/President			
Telephone number of authorized officer: (928) 522-8428 ext.			
Study Area Code of Reporting Carrier	450815	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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.			

452169

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				San Carlos Apache Telecommunications Utility, Inc.	
Signature of authorized officer				Date	5/23/16
Printed name of authorized officer		Shirley Ortiz			
Title or position of authorized officer		CEO/General Manager			
Telephone number of authorized officer:		(928) 475-2433 ext.			
Study Area Code of Reporting Carrier	452169	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		
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.					



452173

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Tohono O'odham Utility Authority	
Signature of authorized officer			Date		May 27, 2016
Printed name of authorized officer					
Harriet Toro					
Title or position of authorized officer					
Chairwoman					
Telephone number of authorized officer: (520) 383-2236					
Study Area Code of Reporting Carrier		452173	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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;">VALLEY TEL COOP-AZ</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steven Metts</span></p>				<p><small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop-az,l=Willcox AZ 85644, Date:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</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>					
Study Area Code of Reporting Carrier	452176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>GILA RIVER TELECOM.</b>					
Signature of Authorized Officer or employee: <b>Bruce Holdridge</b>				<small>Digitally signed by Bruce Holdridge DN:cn=Bruce Holdridge,email=bholdridge@gilarivertel.com,O=gila river telecom.,l= , Date:5/23/2016</small> Date: <b>5/23/2016</b>	
Printed name of Authorized Officer or employee: <b>Bruce Holdridge</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>520-796-8885</b>					
Study Area Code of Reporting Carrier	<b>452179</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>ACCIPITER DBA ZONA</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Jennifer Vellucci</b></p>				<p><small>Digitally signed by Jennifer Vellucci DN:cn=Jennifer Vellucci,email=jvellucci@teamzona.com,O=accipiter dba zona,l= , Date:5/17/2016</small></p>	
<p>Date:      <b>5/17/2016</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>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>452191</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2016</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

<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:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">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:5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</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>					
Study Area Code of Reporting Carrier	452226		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.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

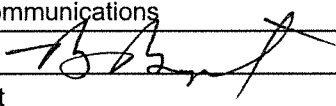
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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	5-18-2016
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)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <b>Saddleback Communications</b>			
Signature of authorized officer 		Date	<b>5/18/2016</b>
Printed name of authorized officer <b>Bill Bryant</b>			
Title or position of authorized officer <b>President/General Manager</b>			
Telephone number of authorized officer: <b>(48Q) 362-7001</b> , ext.			
Study Area Code of Reporting Carrier	<b>457991</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

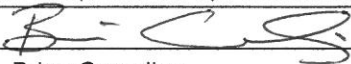


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<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: 5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

462181

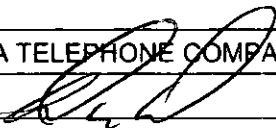
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Bijou Telephone Co-op Association, Inc.			
Signature of authorized officer 		Date	5/24/16
Printed name of authorized officer Brian Creveling			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (303) 822-5400			
Study Area Code of Reporting Carrier	462181	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <b>BLANCA TELEPHONE COMPANY</b>			
Signature of authorized officer 		Date	<b>5/16/14</b>
Printed name of authorized officer <b>ALAN WEHE</b>			
Title or position of authorized officer <b>MANAGER</b>			
Telephone number of authorized officer: <b>(719) 379-3839</b>			
Study Area Code of Reporting Carrier	<b>462182</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>EASTERN SLOPE RURAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Patricia White</b></p>				<p>Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.coop,O=eastern slope rural,I=Hugo CO 80821-0397, Date:5/20/2016</p>	
<p>Date: <b>5/20/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Patricia White</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>719-743-2441</b></p>					
Study Area Code of Reporting Carrier	<b>462186</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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 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:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</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>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462188</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>Amanda Molina</b></p>				<p>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=haxtun tel co,lc= , Date: 5/20/2016</p>	
<p>Date: <b>5/20/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Amanda Molina</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of External Relations</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>6/16/2016</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>NUCLA-NATURITA TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kelly Tomlinson</b></p>				<p>Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=kelly@nntc.bz,O=nucpla-naturita tel,I=Nucpla CO 81424, Date:5/25/2016</p>	
<p>Date: <b>5/25/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kelly Tomlinson</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>970-864-7335</b></p>					
Study Area Code of Reporting Carrier	<b>462193</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">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: 5/26/2016</small></p> <p>Date: <span style="color: blue;">5/26/2016</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>					
Study Area Code of Reporting Carrier	462194		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>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:5/22/2016</p>	
<p>Date: <b>5/22/2016</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>6/16/2016</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>PEETZ COOP TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kathy Glassburn</b></p>				<p>Digitally signed by Kathy Glassburn DN:cn=Kathy Glassburn,email=peetztel@peetzplace.com,O=peetz coop tel co,l=Peetz CO 80747, Date:5/18/2016</p>	
<p>Date: <b>5/18/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kathy Glassburn</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>970-334-2220</b></p>					
Study Area Code of Reporting Carrier	<b>462196</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">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:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462197</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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

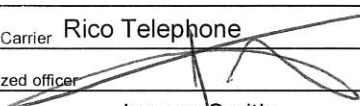
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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:5/27/2016</small></p> <p>Date: <span style="color: blue;">5/27/2016</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>					
Study Area Code of Reporting Carrier	<span style="color: blue;">462198</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">PLAINS COOP TEL ASSN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">D. Felty</span></p>				<p><small>Digitally signed by D. Felty DN:cn=D. Felty,email=dkfelty@plainstel.com,O=plains coop tel assn,l=Joes CO 80822, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">D. Felty</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;">970-358-4211</span></p>					
Study Area Code of Reporting Carrier	<span style="color: blue;">462199</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

462201

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>Rico Telephone</b>			
Signature of authorized officer 		Date <b>05/26/2016</b>	
Printed name of authorized officer <b>Jeremy Smith</b>			
Title or position of authorized officer <b>General Manager</b>			
Telephone number of authorized officer: <b>(208) 548-2345</b> , ext.			
Study Area Code of Reporting Carrier <b>462201</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>ROGGEN TEL COOP CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Peggy Manino</b></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:5/17/2016</p>	
<p>Date: <b>5/17/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Peggy Manino</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>303-849-5260</b></p>					
Study Area Code of Reporting Carrier	<b>462202</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>RYE TELEPHONE 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@ghvalley.net,O=rye telephone co,l=Colorado City CO 81019-0166, Date:5/22/2016</p>	
<p>Date: <b>5/22/2016</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>719-676-3131</b></p>					
Study Area Code of Reporting Carrier	<b>462203</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">STONEHAM COOP TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Taya Northrup</span></p>				<p><small>Digitally signed by Taya Northrup DN:cn=Taya Northrup,email=stoneham.telephone@yahoo.com,O=stoneham coop tel co,l=Stoneham CO 80754, Date:5/26/2016</small></p>	
<p>Date: <span style="color: blue;">5/26/2016</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Taya Northrup</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;">970-735-2251</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462206</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: WIGGINS TEL ASSOC					
Signature of Authorized Officer or employee: Terry Hendrickson				<small>Digitally signed by Terry Hendrickson DN:cn=Terry Hendrickson,email=terry@wigginstel.com,O=wiggins tel assoc,l=Wiggins CO 80654-0690, Date:5/24/2016</small> Date: 5/24/2016	
Printed name of Authorized Officer or employee: Terry Hendrickson					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 970-483-7343					
Study Area Code of Reporting Carrier	462209		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>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:5/26/2016</p>	
<p>Date: <b>5/26/2016</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>6/16/2016</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;">ALBION TEL CO-ATC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Rich Redman</span></p>				<p><small>Digitally signed by Rich Redman DN:cn=Rich Redman,email=rich@atcnet.net,O=albion tel co-atc,I=Albion ID 83311, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rich Redman</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;">208-673-5335</span></p>					
Study Area Code of Reporting Carrier	472213		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kristie Kanady</span></p>				<p><small>Digitally signed by Kristie Kanady DN:cn=Kristie Kanady,email=kkanady@ctctele.com,O=cambridge tel co,l=Cambridge ID 83610, Date:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kristie Kanady</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Billing Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-257-3314</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472215</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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				Custer Telephone Cooperative, Inc.	
Signature of authorized officer		<i>W. C. Ebberts</i>		Date	May 24, 2016
Printed name of authorized officer		W. C. Ebberts			
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)	6/16/2016		
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: <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:5/18/2016</small>				Date: <b>5/18/2016</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>6/16/2016</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>FARMERS MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Daniel Greig</b></p>				<p>Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmtc.com,O=farmers mutual tel,l=Fruitland ID 83619, Date:5/24/2016</p>	
<p>Date: <b>5/24/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Daniel Greig</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>208-452-3100</b></p>					
Study Area Code of Reporting Carrier	<b>472221</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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

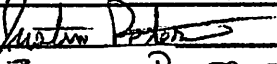
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: Fremont Telcom					
Signature of Authorized Officer or employee: Stacey Mueller				<small>Digitally signed by Stacey Mueller DN:cn=Stacey Mueller,email=smueller@blackfoot.com,O=fremont telcom,l= , Date:5/25/2016</small> Date: 5/25/2016	
Printed name of Authorized Officer or employee: Stacey Mueller					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 406-541-5424					
Study Area Code of Reporting Carrier	472222		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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;">MIDVALE TEL EXCH INC</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 tel exch inc,l=Midvale ID 83645, Date:5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</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;">472226</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

472227

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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: 		Date:	05/16/2016
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)	6/16/2016
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;">PROJECT MUTUAL TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Rick Harder</span></p>				<p><small>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel,= , Date:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rick Harder</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-434-7124</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472231</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>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:5/17/2016</p>	
<p>Date: <b>5/17/2016</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>6/16/2016</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				Rural Telephone Company - ID	
Signature of authorized officer			Date		05/23/2016
Printed name of authorized officer			Michael J. Martell		
Title or position of authorized officer			Vice-President		
Telephone number of authorized officer:			(208) 366-2614		
Study Area Code of Reporting Carrier		472233	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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;">COLUMBINE DBA SILVER</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=columbine dba silver,l=Freedom WY 83120, Date:5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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,l=Roslyn WA 98941, Date:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">BLACKFOOT TEL - BTC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Stacey Mueller</span></p>				<p><small>Digitally signed by Stacey Mueller DN:cn=Stacey Mueller,email=smueller@blackfoot.com,O=blackfoot tel - btc,l= , Date:5/25/2016</small></p>	
<p>Date: <span style="color: blue;">5/25/2016</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Stacey Mueller</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;">406-541-5424</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482235</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>HOT SPRINGS TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kathe Johnson</b></p>				<p>Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe_ann@yahoo.com,O=hot springs tel co,l=Missoula MT 59808, Date:5/16/2016</p>	
<p>Date: <b>5/16/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kathe Johnson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-721-0846</b></p>					
Study Area Code of Reporting Carrier	<b>482241</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>INTERBEL TEL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Wilson</b></p>				<p>Digitally signed by Randy Wilson DN:cn=Randy Wilson,email=rwilson@interbel.com,O=interbel tel coop,l=Eureka MT 59917, Date:5/19/2016</p>	
<p>Date: <b>5/19/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Randy Wilson</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>406-889-3311</b></p>					
Study Area Code of Reporting Carrier	<b>482242</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">LINCOLN TEL CO INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Ken Lumpkin</span></p>				<p>Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@lincotel.net,O=lincoln tel co inc,lc= , Date: 5/26/2016</p>	
<p>Date: <span style="color: blue;">5/26/2016</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>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482244</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.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	May 24, 2016
Printed name of authorized officer Craig Johnson				
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)	6/16/2016
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;">NEMONT TEL COOP-MT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Remi Sun</span></p>				<p><small>Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop-mt,l=Scobey MT 59263-0600, Date:5/26/2016</small></p>	
<p>Date: <span style="color: blue;">5/26/2016</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Remi Sun</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;">406-783-2358</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482247</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>NORTHERN TEL COOP</b>					
Signature of Authorized Officer or employee: <b>Mike Sheard</b>				<small>Digitally signed by Mike Sheard DN:cn=Mike Sheard,email=accounting@northerntel.net,O=northern tel coop,l=Sunburst MT 59482, Date:5/16/2016</small> Date: <b>5/16/2016</b>	
Printed name of Authorized Officer or employee: <b>Mike Sheard</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>406-937-9661</b>					
Study Area Code of Reporting Carrier	<b>482248</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">PROJECT TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Remi Sun</span></p>				<p>Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=project tel co,l=Scobey MT 59263-0600, Date:5/26/2016</p>	
<p>Date: <span style="color: blue;">5/26/2016</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Remi Sun</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;">406-783-2358</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482250</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</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>RANGE TEL COOP-MT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shannon Butler</b></p>				<p>Digitally signed by Shannon Butler DN:cn=Shannon Butler,email=shannon.butler@rangetel.coop,O=range tel coop-mt,l=Forsyth MT 29327, Date:5/24/2016</p>	
<p>Date: <b>5/24/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shannon Butler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-347-2859</b></p>					
Study Area Code of Reporting Carrier	<b>482251</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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:5/23/2016</p>	
<p>Date: <span style="color: blue;">5/23/2016</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;">6/16/2016</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: 3-RIVERS TEL COOP					
Signature of Authorized Officer or employee: Bradley Veis				<small>Digitally signed by Bradley Veis DN:cn=Bradley Veis,email=brad.veis@3rivers.coop,O=3-rivers tel coop,l=Fairfield MT 59436-0429, Date:5/23/2016</small> Date: 5/23/2016	
Printed name of Authorized Officer or employee: Bradley Veis					
Title or position of Authorized Officer or employee: Director of Finance/CFO					
Telephone number of Authorized Officer or employee: 406-467-4405					
Study Area Code of Reporting Carrier	482255		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>Gail Rainey</b></p>				<p>Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=grainey@itstriangle.net,O=triangle tel coop,l=Havre MT 59501, Date:5/17/2016</p>	
<p>Date: <b>5/17/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Gail Rainey</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-394-7807</b></p>					
Study Area Code of Reporting Carrier	<b>482257</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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 style="font-size: small; color: blue;">             Digitally signed by Stacey Mueller DN:cn=Stacey Mueller,email=smueller@blackfoot.com,O=blackfoot tel - cft, Date:5/25/2016           </div>				Date: 5/25/2016	
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)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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: TRIANGLE-CMC					
Signature of Authorized Officer or employee: Gail Rainey				Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=grainey@itstriangle.net,O=triangle-cmc,l=Havre MT 59501, Date:5/17/2016 Date: 5/17/2016	
Printed name of Authorized Officer or employee: Gail Rainey					
Title or position of Authorized Officer or employee: Assistant General Manager					
Telephone number of Authorized Officer or employee: 406-394-7807					
Study Area Code of Reporting Carrier	483310		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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;">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:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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:5/19/2016</p>	
<p>Date: <b>5/19/2016</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>6/16/2016</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

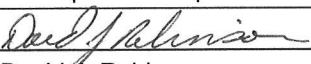
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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:5/16/2016</p>	
<p>Date: <b>5/16/2016</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>6/16/2016</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

<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>ENMR Telephone Cooperative</b>			
Signature of authorized officer 		Date	<b>5-23-16</b>
Printed name of authorized officer <b>David J. Robinson</b>			
Title or position of authorized officer <b>Chief Financial Officer/Assistant CEO</b>			
Telephone number of authorized officer: <b>(575) 389-5100</b> , ext.			
Study Area Code of Reporting Carrier	<b>492262</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>			

492263

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				La Jicarita Rural Telephone Cooperative	
Signature of authorized officer			Date		05/26/2016
Printed name of authorized officer			Danny Gray		
Title or position of authorized officer			Chief Executive Officer		
Telephone number of authorized officer:			(575) 387-2216		
Study Area Code of Reporting Carrier		492263	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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.

492264

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

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier    Leaco Rural Telephone Cooperative, Inc.			
Signature of authorized officer: <i>Dale Snider</i>		Date	05/26/16
Printed name of authorized officer    Dale Snider			
Title or position of authorized officer    CFO			
Telephone number of authorized officer: 575 399 8225 , ext.			
Study Area Code of Reporting Carrier	492264	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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

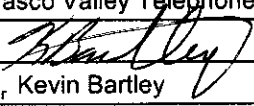
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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;">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:5/26/2016</small></p> <p>Date: <span style="color: blue;">5/26/2016</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)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>WESTERN NEW MEXICO</b>					
Signature of Authorized Officer or employee: <b>John Francis</b> <small>Digitally signed by John Francis DN:cn=John Francis,email=jfrancis@wnmt.com,O=western new mexico,l=Silver City NM 88061, Date:5/26/2016</small>				Date: <b>5/26/2016</b>	
Printed name of Authorized Officer or employee: <b>John Francis</b>					
Title or position of Authorized Officer or employee: <b>Exec. Vice President</b>					
Telephone number of Authorized Officer or employee: <b>575-535-2230</b>					
Study Area Code of Reporting Carrier	<b>492268</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>					

492270

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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>Penasco Valley Telephone Cooperative, Inc</b>			
Signature of authorized officer: 		Date	<b>5/26/16</b>
Printed name of authorized officer: <b>Kevin Bartley</b>			
Title or position of authorized officer: <b>Chief Financial Officer</b>			
Telephone number of authorized officer: <b>(575) 748-1241</b>			
Study Area Code of Reporting Carrier	<b>492270</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>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: 5/17/2016</p>	
<p>Date: <b>5/17/2016</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>6/16/2016</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>					

493403.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Sacred Wind Communications, Inc.				
John W. Badal			May 26, 2016	
John W. Badal				
President/CEO				
(505) 998-2670				
493403		6/16/2016		
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;">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:5/17/2016</small></p>	
<p>Date: <span style="color: blue;">5/17/2016</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>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">500758</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">CENTRAL UTAH TEL INC</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=central utah tel inc,lc=US, Date:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">502277</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>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:5/16/2016</p>	
<p>Date: <b>5/16/2016</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>6/16/2016</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; font-weight: bold;">Dallas Cox</span></p>				<p><small>Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti tel co,l= , Date:5/16/2016</small></p>	
<p>Date: <span style="color: blue;">5/16/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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	<span style="color: blue;">502283</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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:5/18/2016</small></p> <p>Date: <span style="color: blue;">5/18/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: SOUTH CENTRAL UTAH					
Signature of Authorized Officer or employee: Michael East <div> <small>Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah,l= , Date:5/26/2016</small> </div>				Date: 5/26/2016	
Printed name of Authorized Officer or employee: Michael East					
Title or position of Authorized Officer or employee: President/CEO					
Telephone number of Authorized Officer or employee: 435-826-4211					
Study Area Code of Reporting Carrier	502286		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>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:5/16/2016</p>	
<p>Date: <b>5/16/2016</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>6/16/2016</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:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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:5/23/2016</p>	
<p>Date: <b>5/23/2016</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>6/16/2016</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>Shannon Butler</b></p>				<p>Digitally signed by Shannon Butler DN:cn=Shannon Butler,email=shannon.butler@rangetel.coop,O=range tel coop - wy,l=Forsyth MT 29327, Date:5/24/2016</p>	
<p>Date: <b>5/24/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shannon Butler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-347-2859</b></p>					
Study Area Code of Reporting Carrier	<b>512251</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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:5/24/2016</p>	
<p>Date: <b>5/24/2016</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>6/16/2016</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				<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:5/23/2016</small> Date: 5/23/2016	
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)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 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 Dubois Telephone Exchange, Inc,			
Signature of authorized officer 		Date	5/16/16
Printed name of authorized officer Michael J. Kenney			
Title or position of authorized officer Vice President/General Manager			
Telephone number of authorized officer: (307) 455-2341 ext.			
Study Area Code of Reporting Carrier	512291	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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>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:5/19/2016</p>	
<p>Date: <b>5/19/2016</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>6/16/2016</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><small>Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=rick@weavnet.com,O=westgate dba weavtel,=Chelan WA 98816, Date:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: SKYLINE TELECOM CO.					
Signature of Authorized Officer or employee: Delinda Kluser <div style="font-size: small; margin-top: 5px;">             Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=skyline telecom co.,l=Mt. Vernon OR 97865-0609, Date:5/25/2016           </div>				Date: 5/25/2016	
Printed name of Authorized Officer or employee: Delinda Kluser					
Title or position of Authorized Officer or employee: Vice President, Manager					
Telephone number of Authorized Officer or employee: 541-932-4411					
Study Area Code of Reporting Carrier	520581		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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;">HAT ISLAND TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Frank McIntyre</span></p>				<p><small>Digitally signed by Frank McIntyre DN:cn=Frank McIntyre,email=frank.mcintyre@whidbeytel.com,O=hat island tel co, Date:5/18/2016</small></p> <p>Date: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Frank McIntyre</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;">360-321-0088</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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				Pend Oreille Telephone Company	
Signature of authorized officer			Date		05/23/2016
Printed name of authorized officer			Michael J. Martell		
Title or position of authorized officer			Vice-President		
Telephone number of authorized officer: (208) 366-2614 ext.					
Study Area Code of Reporting Carrier		522418	Filing Due Date for this form (mm/dd/yyyy)		6/16/2016

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>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:5/19/2016</p>	
<p>Date: <b>5/19/2016</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>6/16/2016</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:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">MASHELL TELECOM INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Brian Haynes</span></p>				<p><small>Digitally signed by Brian Haynes DN:cn=Brian Haynes,email=brian.haynes@rainierconnect.net,O=mashell telecom inc,l=Eatonville WA 98328, Date:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brian Haynes</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;">360-892-4130</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522431</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

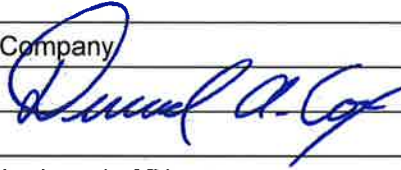
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**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 **Pioneer Telephone Company**

Signature of authorized officer



Date

**5/19/2016**

Printed name of authorized officer **Durand Cox**

Title or position of authorized officer **President of the board of Directors**

Telephone number of authorized officer: **(509) 549-3511**, ext.

Study Area Code of Reporting Carrier

**522437**

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

**6/16/2016**

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: ST. JOHN TEL.					
Signature of Authorized Officer or employee: Eric Trump <div> <small>Digitally signed by Eric Trump DN:cn=Eric Trump,email=eric@stjohncable.com,O=st. john tel.,l=St. John WA 99171, Date:5/19/2016</small> </div>				Date: 5/19/2016	
Printed name of Authorized Officer or employee: Eric Trump					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 509-648-3322					
Study Area Code of Reporting Carrier	522442		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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;">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,l=Tenino WA 98589, Date:5/16/2016</small></p> <p>Date: <span style="color: blue;">5/16/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: 5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</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)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

522451

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 WAHAKIAKUM COUNTY TELEPHONE COMPANY	
Signature of authorized officer			Date		05/19/2016
Printed name of authorized officer			STEVEN M. APPELO		
Title or position of authorized officer			PRESIDENT		
Telephone number of authorized officer: (360) 465-2211, ext.					
Study Area Code of Reporting Carrier		522451	Filing Due Date for this form (mm/dd/yyyy)		6/16/2016
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; font-weight: bold;">Frank McIntyre</span></p>				<p><small>Digitally signed by Frank McIntyre DN:cn=Frank McIntyre,email=frank.mcintyre@whidbeytel.com,O=whidbey tel co.,l= , Date:5/18/2016</small></p> <p>Date: <span style="color: blue;">5/18/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Frank McIntyre</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;">360-321-0088</span></p>					
Study Area Code of Reporting Carrier	<span style="color: blue;">522452</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

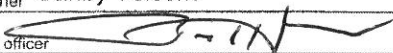
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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>BEAVER CREEK COOP</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=beaver creek coop,l=Mt. Angel OR 97362, Date:5/25/2016</p>	
<p>Date: <b>5/25/2016</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>503-845-4433</b></p>					
Study Area Code of Reporting Carrier	<b>532359</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>					



532362

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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>Canby Telcom</b>			
Signature of authorized officer 		Date	<b>5/26/16</b>
Printed name of authorized officer <b>Paul Hauer</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(503) 266-8200</b>			
Study Area Code of Reporting Carrier	<b>532362</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>CLEAR CREEK MUTUAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mitchell Moore</b></p>				<p>Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual,j= , Date:5/20/2016</p>	
<p>Date: <b>5/20/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mitchell Moore</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-631-2101</b></p>					
Study Area Code of Reporting Carrier	<b>532363</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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: COLTON TEL CO					
Signature of Authorized Officer or employee: Steve Krogue <small>Digitally signed by Steve Krogue DN:cn=Steve Krogue,email=steve@coltontel.com,O=colton tel co,l=Colton OR 97017-0068, Date:5/19/2016</small>				Date: 5/19/2016	
Printed name of Authorized Officer or employee: Steve Krogue					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 503-824-3211					
Study Area Code of Reporting Carrier	532364		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</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>					
Study Area Code of Reporting Carrier	532369		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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: CASCADE UTIL INC					
Signature of Authorized Officer or employee: Brooke Wheeler				<small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade util inc,l=Estacada OR 97023, Date:5/27/2016</small> Date: 5/27/2016	
Printed name of Authorized Officer or employee: Brooke Wheeler					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 503-630-8952					
Study Area Code of Reporting Carrier	532371		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>GERVAIS-DATAVISION</b>					
Signature of Authorized Officer or employee: <b>Renee Willer</b>				<small>Digitally signed by Renee Willer DN:cn=Renee Willer,email=rwiller@datavision.coop,O=gervais-datavision,=Gervais OR 97026, Date:5/24/2016</small> Date: <b>5/24/2016</b>	
Printed name of Authorized Officer or employee: <b>Renee Willer</b>					
Title or position of Authorized Officer or employee: <b>President/CEO</b>					
Telephone number of Authorized Officer or employee: <b>503-792-3611</b>					
Study Area Code of Reporting Carrier	<b>532373</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>					

532375

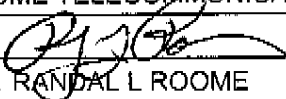
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## 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

5/12/16

Printed name of authorized officer

RANDAL L ROOME

Title or position of authorized officer

PRESIDENT

Telephone number of authorized officer: (541) 369-2211

Study Area Code of Reporting Carrier

532375

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

6/16/2016

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: <b>HELIX TEL CO.</b>					
Signature of Authorized Officer or employee: <b>James Smith</b> <small>Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix tel co.,l=Helix OR 97385, Date:5/16/2016</small>				Date: <b>5/16/2016</b>	
Printed name of Authorized Officer or employee: <b>James Smith</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>541-457-2385</b>					
Study Area Code of Reporting Carrier	<b>532376</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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

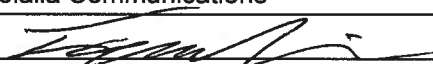
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: HOME TELEPHONE CO					
Signature of Authorized Officer or employee: Delinda Kluser <small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=home telephone co,l=Mt. Vernon OR 97865-0609, Date:5/25/2016</small>				Date: 5/25/2016	
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	532377		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>TRANS-CASCADES TEL</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=trans-cascades tel,l=Estacada OR 97023, Date:5/27/2016</p>	
<p>Date: <b>5/27/2016</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>532378</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>					

532383

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>Molalla Communications</b>			
Signature of authorized officer 		Date	<b>5-20-2016</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> ext.			
Study Area Code of Reporting Carrier	<b>532383</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">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: 5/27/2016</small></p> <p>Date: <span style="color: blue;">5/27/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">MONROE TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Donna Dillard</span></p>				<p><small>Digitally signed by Donna Dillard DN:cn=Donna Dillard,email=NECAaffairs@monroetel.com,O=monroe telephone co.,l=Monroe OR 97456, Date:5/26/2016</small></p> <p>Date: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Donna Dillard</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;">541-847-5135</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532385</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

532386

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Mt. Angel Telephone Company			
Signature of authorized officer 		Date	5/26/16
Printed name of authorized officer Paul Hauer			
Title or position of authorized officer President			
Telephone number of authorized officer: (503) 266-8200			
Study Area Code of Reporting Carrier	532386	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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.			

532387

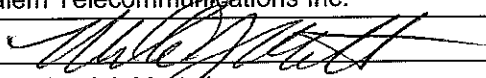
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**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 **Nehalem Telecommunications Inc.**

Signature of authorized officer



Date

**05/23/2016**

Printed name of authorized officer

**Michael J. Martell**

Title or position of authorized officer

**Vice-President**

Telephone number of authorized officer:

**(208) 366-2614**

Study Area Code of Reporting Carrier

**532387**

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

**6/16/2016**

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: NORTH STATE TEL CO.					
Signature of Authorized Officer or employee: Delinda Kluser <div style="font-size: small; margin-top: 5px;">             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:5/25/2016           </div>				Date: 5/25/2016	
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)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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 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:5/25/2016</p>	
<p>Date: <b>5/25/2016</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>6/16/2016</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;">OREGON-IDAHO UTIL.</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=oregon-idaho util.,I=Nampa ID 83653, Date:5/23/2016</small></p> <p>Date: <span style="color: blue;">5/23/2016</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>					
Study Area Code of Reporting Carrier	<span style="color: blue;">532390</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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 TEL CO. - OR</b>					
Signature of Authorized Officer or employee: <b>Curt Thornton</b>				<small>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=peoples tel co. - or,l=Stayton OR 97383, Date:5/20/2016</small> Date: <b>5/20/2016</b>	
Printed name of Authorized Officer or employee: <b>Curt Thornton</b>					
Title or position of Authorized Officer or employee: <b>President/CEO</b>					
Telephone number of Authorized Officer or employee: <b>503-769-2121</b>					
Study Area Code of Reporting Carrier	<b>532391</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>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:5/25/2016</p>	
<p>Date: <b>5/25/2016</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>6/16/2016</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;">PIONEER TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Michael Whalen</span></p>				<p><small>Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneer.net,O=pioneer tel coop,l=Philomath OR 97370-0631, Date:5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Michael Whalen</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;">541-929-8256</span></p>					
Study Area Code of Reporting Carrier	<span style="color: blue;">532393</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">ST PAUL COOP ASSN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Nick Schneider</span></p>				<p><small>Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st paul coop assn,l=St. Paul OR 97137, Date:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Nick Schneider</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;">503-633-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532396</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">SCIO MUTUAL TEL ASSN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">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:5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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:5/20/2016</small></p> <p>Date: <span style="color: blue;">5/20/2016</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>					
Study Area Code of Reporting Carrier	532399		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>OREGON TEL CORP-MTE</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-mte, Mt. Vernon OR 97865-0609, Date:5/25/2016</p>	
<p>Date: <b>5/25/2016</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>533336</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">CALAVERAS TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Rose Cullen</span></p>				<p><small>Digitally signed by Rose Cullen DN:cn=Rose Cullen,email=rose.cullen@caltel.com,O=calaveras tel co,l=Copperopolis CA 95228, Date:5/27/2016</small></p> <p>Date: <span style="color: blue;">5/27/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rose Cullen</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;">209-785-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542301</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">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:5/24/2016</small></p> <p>Date: <span style="color: blue;">5/24/2016</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>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542311</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>DUCOR TELEPHONE COMPANY</b>			
Signature of authorized officer <i>Carol Rodriguez</i>		Date	May 19, 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 (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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	5/19/16
Printed name of authorized officer Rhonda Armstrong			
Title or position of authorized officer Vice-President - Operations			
Telephone number of authorized officer: (559) 846-7780 ext.			
Study Area Code of Reporting Carrier	542318	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Kerman Telephone Co (dba Sebastian)				
Signature of authorized officer 		Date 5/19/16		
Printed name of authorized officer Rhonda Armstrong				
Title or position of authorized officer Vice-President - Operations				
Telephone number of authorized officer: (559) 846-7780 ext.				
Study Area Code of Reporting Carrier 542324		Filing Due Date for this form (mm/dd/yyyy) 6/16/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier The Ponderosa Telephone Co.				
Signature of authorized officer <i>Kristann Mattes</i>		Date	5-18-2016	
Printed name of authorized officer Kristann Mattes				
Title or position of authorized officer President				
Telephone number of authorized officer: (559) 868-6346 ext.				
Study Area Code of Reporting Carrier 542332		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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.				

542338

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Sierra Telephone Company, Inc.				
Signature of authorized officer <i>Cindy A. Huber</i>		Date		May 27, 2016
Printed name of authorized officer Cindy A. Huber				
Title or position of authorized officer President				
Telephone number of authorized officer: (559) 642-0209 ext.				
Study Area Code of Reporting Carrier	542338	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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.				



542339

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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>Siskiyou Telephone Company</b>			
Signature of authorized officer <i>James T. Lowers</i>		Date	<b>05/26/2016</b>
Printed name of authorized officer <b>James T. Lowers</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(530) 467-6000</b>			
Study Area Code of Reporting Carrier	<b>542339</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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>VOLCANO TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brenda Shepard</b></p>				<p>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano tel co,l= , Date:5/27/2016</p>	
<p>Date: <b>5/27/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brenda Shepard</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>209-296-1447</b></p>					
Study Area Code of Reporting Carrier	<b>542343</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">PINNACLES TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Steven Bryan</span></p>				<p><small>Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles tel co,l= , Date:5/26/2016</small></p> <p>Date: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Steven Bryan</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;">831-389-4500</span></p>					
Study Area Code of Reporting Carrier	542346		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>FILER MUTUAL TEL -NV</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 -nv,l=Filer ID 83328, Date:5/18/2016</small>				Date: <b>5/18/2016</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>552220</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>					

552233

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Rural Telephone Company - NV	
Signature of authorized officer			Date		05/23/2016
Printed name of authorized officer			Michael J. Martell		
Title or position of authorized officer			Vice-President		
Telephone number of authorized officer: (208) 366-2614 ext.					
Study Area Code of Reporting Carrier		552233	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Beehive Telephone Co., Inc., Nevada	
Signature of authorized officer			Date		05/18/2016
Printed name of authorized officer			Jacob Warner		
Title or position of authorized officer			President/General Manager		
Telephone number of authorized officer: (435) 837-6111, ext.					
Study Area Code of Reporting Carrier		552284	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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: <b>CHURCHILL-CC COMM.</b>					
Signature of Authorized Officer or employee: <b>Mark Feest</b>				<small>Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@ccomm.co,O=churchill-cc comm.,l=Fallon NV 89407, Date:5/20/2016</small> Date: <b>5/20/2016</b>	
Printed name of Authorized Officer or employee: <b>Mark Feest</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>775-423-7654</b>					
Study Area Code of Reporting Carrier	<b>552349</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">LINCOLN CTY TEL SYS</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">John Christian, III</span></p>				<p><small>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys,l=Pluche NV 89043, Date:5/16/2016</small></p>	
<p>Date: <span style="color: blue;">5/16/2016</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Christian, III</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;">775-962-5131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552351</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">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:5/17/2016</small></p>	
<p>Date: <span style="color: blue;">5/17/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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:5/27/2016</small> Date: 5/27/2016	
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)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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>HUMBOLDT TEL CO</b>					
Signature of Authorized Officer or employee: <b>Justin Perez</b> <small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt tel co,l=Nampa ID 83653, Date:5/23/2016</small>				Date: <b>5/23/2016</b>	
Printed name of Authorized Officer or employee: <b>Justin Perez</b>					
Title or position of Authorized Officer or employee: <b>Controller / Corporate Secretary</b>					
Telephone number of Authorized Officer or employee: <b>208-461-7802</b>					
Study Area Code of Reporting Carrier	<b>553304</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>ADAK TEL UTILITY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Andilea Weaver</b></p>				<p>Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak tel utility,lc= , Date: 5/23/2016</p>	
<p>Date: <b>5/23/2016</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>					
Study Area Code of Reporting Carrier	<b>610989</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>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:5/18/2016</p>	
<p>Date: <b>5/18/2016</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>6/16/2016</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:5/17/2016</small></p> <p>Date: <span style="color: blue;">5/17/2016</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;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>BRISTOL BAY TEL COOP</b>					
Signature of Authorized Officer or employee: <b>Todd Hoppe</b>				<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:5/18/2016</small> Date: <b>5/18/2016</b>	
Printed name of Authorized Officer or employee: <b>Todd Hoppe</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>907-246-3403</b>					
Study Area Code of Reporting Carrier	<b>613003</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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: BUSH-TEL INC.					
Signature of Authorized Officer or employee: W. DeVore <div style="font-size: small; margin-top: 5px;">             Digitally signed by W. DeVore DN:cn=W. DeVore,email=doug.devore@mscon.com,O=bush-tel inc.,l=Aniak AK 99557-1009, Date:5/18/2016           </div>				Date: 5/18/2016	
Printed name of Authorized Officer or employee: W. DeVore					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 907-675-4311					
Study Area Code of Reporting Carrier	613004		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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;">CIRCLE TEL &amp; ELEC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">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: 5/25/2016</small></p> <p>Date: <span style="color: blue;">5/25/2016</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)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>COPPER VALLEY TEL</b>					
Signature of Authorized Officer or employee: <b>Pamla Murphy</b> <small>Digitally signed by Pamla Murphy DN:cn=Pamla Murphy,email=pmurphy@cvtc.org,O=copper valley tel,l=Valdez AK 99686, Date:5/27/2016</small>				Date: <b>5/27/2016</b>	
Printed name of Authorized Officer or employee: <b>Pamla Murphy</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>907-835-2231</b>					
Study Area Code of Reporting Carrier	<b>613006</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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;">INTERIOR TEL CO INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Brett Carter</span></p>				<p><small>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior tel co inc,l= , Date:5/26/2016</small></p> <p>Date: <span style="color: blue;">5/26/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brett Carter</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">VP/Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-563-2003</span></p>					
Study Area Code of Reporting Carrier	613011		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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;">KETCHIKAN PUBLIC UT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Dan Lindgren</span></p>				<p><small>Digitally signed by Dan Lindgren DN:cn=Dan Lindgren,email=danl@city.ketchikan.ak.us,O=ketchikan public ut, Date: 5/19/2016</small></p> <p>Date: <span style="color: blue;">5/19/2016</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dan Lindgren</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Assistant KPU Telecommunications Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-228-5439</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613013</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2016</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(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>MUKLUK 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=mukluk tel co inc,l= , Date:5/26/2016</p>	
<p>Date: <b>5/26/2016</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>613016</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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: 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:5/17/2016</small>				Date: 5/17/2016	
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)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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 Nushagak Electric & Telephone Cooperative, Inc.			
Signature of authorized officer <i>Nancy Favors CEO/GM</i>		Date <i>5/16/2016</i>	
Printed name of authorized officer Nancy Favors			
Title or position of authorized officer Chief Executive Officer			
Telephone number of authorized officer: (907) 842-5251, ext.			
Study Area Code of Reporting Carrier	613018	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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.			

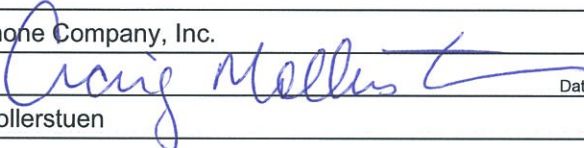
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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>OTZ TEL COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Doug Neal</b></p>				<p>Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz tel cooperative,l=Kotzebue AK 99752, Date:5/27/2016</p>	
<p>Date: <b>5/27/2016</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Doug Neal</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-442-1000</b></p>					
Study Area Code of Reporting Carrier	<b>613019</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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>					



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 Company, Inc.			
Signature of authorized officer 		Date	5/27/16
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)	6/16/2016
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>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:5/17/2016</p>	
<p>Date: <b>5/17/2016</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>6/16/2016</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 Company of Alaska, Inc	
Signature of authorized officer			Date		05/18/2016
Printed name of authorized officer			Jamie Kline		
Title or position of authorized officer			Secretary/Treasurer		
Telephone number of authorized officer:			(907) 389-1012 ext.		
Study Area Code of Reporting Carrier		613028	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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.					

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 <u>Sandwich Isles Communications, Inc.</u>			
Signature of authorized officer 		Date	<u>5/25/16</u>
Printed name of authorized officer <u>Jangeen-Ann A. Olds</u>			
Title or position of authorized officer <u>President</u>			
Telephone number of authorized officer: <u>(808) 524-8400</u>			
Study Area Code of Reporting Carrier	<u>623021</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2016</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>					
Name of Reporting Carrier: <b>TELEGUAM HOLDINGS</b>					
Signature of Authorized Officer or employee: <b>John Brady</b> <small>Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,lf= , Date:5/16/2016</small>				Date: <b>5/16/2016</b>	
Printed name of Authorized Officer or employee: <b>John Brady</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>671-644-0013</b>					
Study Area Code of Reporting Carrier	<b>663800</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</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

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

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

Name of Reporting Carrier				American Samoa Telecomm. Authority	
Signature of authorized officer			Date		05/16/2016
Printed name of authorized officer			Mr. Alex Sene Jr.		
Title or position of authorized officer			Acting CEO		
Telephone number of authorized officer:			(684) 699-1121, ext.		
Study Area Code of Reporting Carrier		673900	Filing Due Date for this form (mm/dd/yyyy)		6/16/2016
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.					

Fairpoint companies

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
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Name of Reporting Carrier <b>See Attached List</b>			
Signature of authorized officer <i>M. Michael T. Skrivan</i>		Date	5/27/16
Printed name of authorized officer <b>Michael T. Skrivan</b>			
Title or position of authorized officer <b>Vice President, Regulatory</b>			
Telephone number of authorized officer: <b>(207) 535-4150</b>			
Study Area Code of Reporting Carrier	<b>See attached list</b>	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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.			

## FairPoint Company Listing

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



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

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

Signature of Authorized Officer

*Kevin G. Hess*

Date 05/20/2016

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)

06/16/2016

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.

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