

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Albany Mutual Telephone Association	
Signature of Authorized Officer			Date		
[Handwritten Signature]			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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Name of Reporting Carrier: **WILDERNESS VALLEY**

Signature of Authorized Officer: **Robert Riddell**

Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=wilderness valley,l= , Date:5/23/2016

Date: **5/23/2016**

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

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

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

Study Area Code of Reporting Carrier

361348

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

6/16/2016

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

Signature of Authorized Officer: **Guy Swenson**

Digitally signed by Guy Swenson DN:cn=Guy Swenson,email=gswenson@bvillemn.net,O=city of barnesville,l=Barnesville MN 56514, Date:5/18/2016

Date: **5/18/2016**

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

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

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

Study Area Code of Reporting Carrier

361353

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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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BENTON COOP TEL CO					
Signature of Authorized Officer: Cheryl Scapanski				Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop tel co,l= , Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer: Cheryl Scapanski					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 320-393-2115					
Study Area Code of Reporting Carrier	361356		Filing Due Date for this form (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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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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

Signature of Authorized Officer: **Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel co,l= , Date:5/16/2016

Date: **5/16/2016**

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

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

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

Study Area Code of Reporting Carrier

361365

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

Signature of Authorized Officer: **Bruce Hanson**

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=clara city tel exch,l= , Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer: **Bruce Hanson**

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

Telephone number of Authorized Officer: **320-847-2211**

Study Area Code of Reporting Carrier

361370

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CLEMENTS TEL CO					
Signature of Authorized Officer: Staci Malikowski				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel co,l=, Date:5/16/2016</small>	
Date: 5/16/2016					
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361372		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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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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

Name of Reporting Carrier Consolidated Telephone Company				
Signature of Authorized Officer <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.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DUNNELL TEL CO					
Signature of Authorized Officer: Charles Mattingly				<small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclcenterprises.net,O=dunnell tel co,l=Judson TX 75660, Date:5/16/2016</small> Date: 5/16/2016	
Printed name of Authorized Officer: Charles Mattingly					
Title or position of Authorized Officer: Managing Member					
Telephone number of Authorized Officer: 903-663-0099					
Study Area Code of Reporting Carrier	361381		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 THE REPORTING CARRIER,

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

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Name of Reporting Carrier				Eckles Telephone Company	
Signature of Authorized Officer			<i>William Eckles</i>		Date
					5/26/2016
Printed name of Authorized Officer				William Eckles	
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer: (507) 526-3252 ext.					
Study Area Code of Reporting Carrier	361386	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: EMILY COOP TEL CO					
Signature of Authorized Officer: Josh Netland				<small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop tel co,l=Emily MN 56447, Date:5/17/2016</small>	
Date: 5/17/2016					
Printed name of Authorized Officer: Josh Netland					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 218-763-3000					
Study Area Code of Reporting Carrier	361387		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Farmers Mutual Telephone Company			
Signature of Authorized Officer 			Date 5/12/16
Printed name of Authorized Officer Kevin Beyer			
Title or position of Authorized Officer CEO			
Telephone number of Authorized Officer: (320) 568-2105 ext.			
Study Area Code of Reporting Carrier	361389	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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Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Federated Telephone Cooperative			
Signature of Authorized Officer 			Date 5/17/16
Printed name of Authorized Officer Kevin Beyer			
Title or position of Authorized Officer CEO			
Telephone number of Authorized Officer: (320) 324-7111 ext.			
Study Area Code of Reporting Carrier	361390	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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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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Name of Reporting Carrier Garden Valley Telephone Company			
Signature of Authorized Officer <i>Joe Sandberg</i>			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 , ext.			
Study Area Code of Reporting Carrier	361395	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.

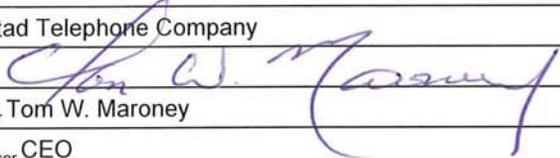
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GARDONVILLE COOP TEL					
Signature of Authorized Officer: David Wolf				<small>Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop tel,l= , Date:5/27/2016</small> Date: 5/27/2016	
Printed name of Authorized Officer: David Wolf					
Title or position of Authorized Officer: CEO and General Manager					
Telephone number of Authorized Officer: 320-524-2211					
Study Area Code of Reporting Carrier	361396		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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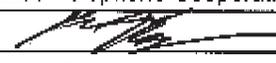
Name of Reporting Carrier				Halstad Telephone Company	
Signature of Authorized Officer					
			Date		
			5/17/2016		
Printed name of Authorized Officer					
Tom W. Maroney					
Title or position of Authorized Officer					
CEO					
Telephone number of Authorized Officer: (218) 456-2125, ext.					
Study Area Code of Reporting Carrier		361401		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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

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

Name of Reporting Carrier **Federated Telephone Cooperative**

Signature of Authorized Officer 

Date

5/17/16

Printed name of Authorized Officer **Kevin Beyer**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer: **(320) 324-7111** ext.

Study Area Code of Reporting Carrier

361403

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

6/16/2016

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

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

Signature of Authorized Officer: **Lorren Tingesdal**

Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabtel.coop,O=harmony tel co,l=Harmony MN 55939, Date:5/24/2016

Date: **5/24/2016**

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

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

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

Study Area Code of Reporting Carrier

361404

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

6/16/2016

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

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Name of Reporting Carrier: **ALLIANCE-HILLS MN**

Signature of Authorized Officer: **Kari Flanagan**

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

Date: **5/16/2016**

Printed name of Authorized Officer: **Kari Flanagan**

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

Telephone number of Authorized Officer: **605-594-8228**

Study Area Code of Reporting Carrier

361405

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

6/16/2016

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TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HOME TEL CO - MN

Signature of Authorized Officer: **Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=home tel co - mn,l= , Date:5/16/2016

Date: 5/16/2016

Printed name of Authorized Officer: Staci Malikowski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-346-8498

Study Area Code of Reporting Carrier

361408

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

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Name of Reporting Carrier: HUTCHINSON TEL CO

Signature of Authorized Officer: **Curt Kawlewski**

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=hutchinson tel co, Date:5/19/2016

Date: 5/19/2016

Printed name of Authorized Officer: Curt Kawlewski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 507-233-4172

Study Area Code of Reporting Carrier

361409

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

6/16/2016

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TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Johnson Telephone Company			
Signature of Authorized Officer <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 ext.			
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.			

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

Signature of Authorized Officer: **Beth Tollefson**

Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson & mantorville, Date: 5/20/2016

Date: **5/20/2016**

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

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

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

Study Area Code of Reporting Carrier

361412

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

6/16/2016

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Name of Reporting Carrier: LISMORE COOP TEL CO

Signature of Authorized Officer: **Tarri Joens**

Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretel.com,O=lismore coop tel co,l=Lismore MN 56155-0127, Date:5/19/2016

Date: 5/19/2016

Printed name of Authorized Officer: Tarri Joens

Title or position of Authorized Officer: Office Manager

Telephone number of Authorized Officer: 507-472-8748

Study Area Code of Reporting Carrier

361419

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 THE REPORTING CARRIER.

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

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

Signature of Authorized Officer: **Bonnie Simon**

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

Date: **5/17/2016**

Printed name of Authorized Officer: **Bonnie Simon**

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

Telephone number of Authorized Officer: **507-744-2311**

Study Area Code of Reporting Carrier

361422

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

6/16/2016

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TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Runestone Telephone Association	
Signature of Authorized Officer			<i>John M. Kapphahn</i>		Date
Printed name of Authorized Officer			John Kapphahn		5/23/2016
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		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MABEL COOP TEL - MN

Signature of Authorized Officer: Julie Kolka

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

Date: 5/24/2016

Printed name of Authorized Officer: Julie Kolka

Title or position of Authorized Officer: Interim General Manager

Telephone number of Authorized Officer: 507-493-5411

Study Area Code of Reporting Carrier

361424

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHRISTENSEN COMM CO					
Signature of Authorized Officer: Brent Christensen				<small>Digitally signed by Brent Christensen DN:cn=Brent Christensen,email=brentc@chriscomco.net,O=christensen comm co,l= , Date:5/20/2016</small>	
Date: 5/20/2016					
Printed name of Authorized Officer: Brent Christensen					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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 ext.			
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, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MELROSE TEL CO					
Signature of Authorized Officer: Staci Malikowski				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski, email=staci.malikowski@arvig.com, O=melrose tel co, l= , Date:5/16/2016</small>	
Date: 5/16/2016					
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361430		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MIDWEST TEL CO					
Signature of Authorized Officer: Staci Malikowski				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=midwest tel co, Date:5/16/2016</small>	
Date: 5/16/2016					
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361431		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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Danny Busche**

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

Date: **5/18/2016**

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

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

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

Study Area Code of Reporting Carrier

361439

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NEW ULM TELECOM, INC**

Signature of Authorized Officer: **Curt Kawlewski**

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=new ulm telecom, inc, Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer: **Curt Kawlewski**

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

Telephone number of Authorized Officer: **507-233-4172**

Study Area Code of Reporting Carrier

361442

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski, email=staci.malikowski@arvig.com, O=loretel systems, inc, | = , Date: 5/16/2016

Date: **5/16/2016**

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

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

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

Study Area Code of Reporting Carrier

361443

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Dave Bickett**

Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=park region mutual,l=Underwood MN 56586-0277, Date:5/16/2016

Date: **5/16/2016**

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

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

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

Study Area Code of Reporting Carrier

361450

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PAUL BUNYAN RURAL

Signature of Authorized Officer: Dave Schultz

Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=d Schultz@paulbunyan.net,O=paul bunyan rural, Date:5/17/2016

Date: 5/17/2016

Printed name of Authorized Officer: Dave Schultz

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-444-1141

Study Area Code of Reporting Carrier

361451

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

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: REDWOOD COUNTY TEL					
Signature of Authorized Officer: Staci Malikowski				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel, Date:5/16/2016</small>	
Date: 5/16/2016					
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361472		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Wayne Stowman**

Digitally signed by Wayne Stowman DN:cn=Wayne Stowman,email=wstowman@rtelnet.net,O=rothsay tel co, inc,l= , Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer: **Wayne Stowman**

Title or position of Authorized Officer: **Office Manager/Treas.**

Telephone number of Authorized Officer: **218-867-2111**

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier 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 <small>(mm/dd/yyyy)</small>	6/16/2016	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SACRED HEART TEL CO					
Signature of Authorized Officer: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel co,lc=, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	361476		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SCOTT RICE -INTEGRA**

Signature of Authorized Officer: **Mark Roskopf**

Digitally signed by Mark Roskopf DN:cn=Mark Roskopf,email=mark.roskopf@integratelecom.com,O=scott rice -integra,l= , Date:5/24/2016

Date: **5/24/2016**

Printed name of Authorized Officer: **Mark Roskopf**

Title or position of Authorized Officer: **Vice President/Treasury & Tax**

Telephone number of Authorized Officer: **360-558-4229**

Study Area Code of Reporting Carrier

361479

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SLEEPY EYE TEL CO**

Signature of Authorized Officer: **Curt Kawlewski**

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=sleepy eye tel co, Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer: **Curt Kawlewski**

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

Telephone number of Authorized Officer: **507-233-4172**

Study Area Code of Reporting Carrier

361483

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SPRING GROVE COMM.**

Signature of Authorized Officer: **Craig Otterness**

Digitally signed by Craig Otterness DN:cn=Craig Otterness,email=otter9@aol.com,O=spring grove comm.,l=Spring Grove MN 55974-0516, Date:5/18/2016

Date: **5/18/2016**

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

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

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

Study Area Code of Reporting Carrier

361485

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Bruce Hanson**

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel co,l= , Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer: **Bruce Hanson**

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

Telephone number of Authorized Officer: **320-847-2211**

Study Area Code of Reporting Carrier

361487

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Tony Gebhard**

Digitally signed by Tony Gebhard DN:cn=Tony Gebhard, email=tony@sytekcom.com, O=upsala coop tel assn, I=Upsala MN 56384, Date:5/17/2016

Date: **5/17/2016**

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

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

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

Study Area Code of Reporting Carrier

361494

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: VALLEY TEL CO - MN

Signature of Authorized Officer: Dave Bickett

Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=valley tel co - mn,l=Underwood MN 56586-0277, Date:5/16/2016

Date: 5/16/2016

Printed name of Authorized Officer: Dave Bickett

Title or position of Authorized Officer: General Manager/CEO

Telephone number of Authorized Officer: 218-826-6161

Study Area Code of Reporting Carrier

361495

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

6/16/2016

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier Crosslake Communications				
Signature of Authorized Officer <i>Debby Floerchinger</i>				Date May 17, 2016
Printed name of Authorized Officer Debby Floerchinger				
Title or position of Authorized Officer Local Manager				
Telephone number of Authorized Officer: (218) 692-2777 , ext.				
Study Area Code of Reporting Carrier	361499	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2016	
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NORTHERN TEL CO - MN**

Signature of Authorized Officer: **Robert Riddell**

Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=northern tel co - mn,l= , Date:5/23/2016

Date: **5/23/2016**

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

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

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

Study Area Code of Reporting Carrier

361500

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.

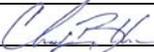
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **West Central Telephone Assn**

Signature of Authorized Officer



Date **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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Curt Kawlewski**

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=western tel co, Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer: **Curt Kawlewski**

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

Telephone number of Authorized Officer: **507-233-4172**

Study Area Code of Reporting Carrier

361502

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier Wikstrom Telephone Co Inc			
Signature of Authorized Officer <i>Leslie B Wikstrom</i>			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: (216) 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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Danny Busche**

Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=winthrop tel co,l=Franklin MN 55333, Date:5/18/2016

Date: **5/18/2016**

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

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

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

Study Area Code of Reporting Carrier

361508

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Terry Nelson**

Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock tel co,l=Ruthon MN 56170, Date:5/24/2016

Date: **5/24/2016**

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

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

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

Study Area Code of Reporting Carrier

361510

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Wolverton Telephone Co.			
Signature of Authorized Officer 			Date 5/21/2016
Printed name of Authorized Officer David L. Dunning			
Title or position of Authorized Officer Executive Vice President			
Telephone number of Authorized Officer: (701) 284-7221 ext.			
Study Area Code of Reporting Carrier	361512	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Bruce Hanson**

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota tel co, Inc., Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer: **Bruce Hanson**

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

Telephone number of Authorized Officer: **320-847-2211**

Study Area Code of Reporting Carrier

361515

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

6/16/2016

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Interstate Telecommunications Cooperative, Inc. (ITC)	
Signature of Authorized Officer			Date		
<i>Jerry Heiberger</i>			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 ext.					
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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **John Koller**

Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.net,O=arapahoe tel co,l=Arapahoe NE 68922, Date:5/17/2016

Date: **5/17/2016**

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

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

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

Study Area Code of Reporting Carrier

371516

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ARLINGTON TEL CO					
Signature of Authorized Officer: Joe Jetensky				<small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=arlington tel co,l= , Date:5/23/2016</small>	
Date: 5/23/2016					
Printed name of Authorized Officer: Joe Jetensky					
Title or position of Authorized Officer: President/GM					
Telephone number of Authorized Officer: 402-426-6245					
Study Area Code of Reporting Carrier	371517		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **David Shipley**

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=elsie comm.,inc.,l=Colorado City CO 81019, Date:5/22/2016

Date: **5/22/2016**

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

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

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

Study Area Code of Reporting Carrier

371518

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **THE BLAIR TEL CO**

Signature of Authorized Officer: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=the blair tel co,l= , Date:5/23/2016

Date: **5/23/2016**

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

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

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

Study Area Code of Reporting Carrier

371524

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

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: THREE RIVER TELCO					
Signature of Authorized Officer: Neil Classen				<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> Date: 5/17/2016	
Printed name of Authorized Officer: Neil Classen					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 402-569-2666					
Study Area Code of Reporting Carrier	371525		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Cambridge Telephone Company**

Signature of Authorized Officer 

Date **05/20/2016**

Printed name of Authorized Officer **J. Thomas Shoemaker**

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

Telephone number of Authorized Officer: **(308) 697-3333**, ext.

Study Area Code of Reporting Carrier

371526

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CONSOLIDATED TELCO**

Signature of Authorized Officer: **Wendy Thompson Fast**

Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco,l=Lincoln NE 68506-0147, Date:5/17/2016

Date: **5/17/2016**

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

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

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

Study Area Code of Reporting Carrier

371530

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Clarks Telecommunications Co

Signature of Authorized Officer *David Armstrong*

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Wendy Thompson Fast**

Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated tel co,l=Lincoln NE 68506-0147, Date:5/17/2016

Date: **5/17/2016**

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

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

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

Study Area Code of Reporting Carrier

371532

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COZAD TEL CO					
Signature of Authorized Officer: Marcus Young				<small>Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad tel co,lc=, Date:5/25/2016</small> Date: 5/25/2016	
Printed name of Authorized Officer: Marcus Young					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 308-784-4044					
Study Area Code of Reporting Carrier	371534		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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Wendy Thompson Fast**

Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=curtis tel co,l=Lincoln NE 68506-0147, Date:5/17/2016

Date: **5/17/2016**

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

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

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

Study Area Code of Reporting Carrier

371536

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DALTON TEL CO, INC					
Signature of Authorized Officer: David Shipley				Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton tel co, inc,l=Colorado City CO 81019, Date:5/22/2016	
Date: 5/22/2016					
Printed name of Authorized Officer: David Shipley					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 866-542-6779					
Study Area Code of Reporting Carrier	371537		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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Loren Duerksen**

Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller tel co,l=Diller NE 68342-0236, Date:5/17/2016

Date: **5/17/2016**

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

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

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

Study Area Code of Reporting Carrier

371540

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=eastern nebraska tel, Date:5/23/2016

Date: **5/23/2016**

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

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

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

Study Area Code of Reporting Carrier

371542

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Stanley Rouse**

Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood tel member,I=Blue Hill NE 68930-0008, Date:5/17/2016

Date: **5/17/2016**

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

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

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

Study Area Code of Reporting Carrier

371553

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

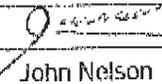
6/16/2016

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier		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, ext.			
Study 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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **HARTINGTON TELECOM**

Signature of Authorized Officer: **Mike Becker**

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

Date: **5/17/2016**

Printed name of Authorized Officer: **Mike Becker**

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

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

Study Area Code of Reporting Carrier

371556

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Hartman Telephone Exchanges, Inc.	
Signature of Authorized Officer			<i>Loretta M. Raile</i>		Date
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		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Tonya Mayer**

Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop tel,l=Hemingford NE 69348-0246, Date:5/17/2016

Date: **5/17/2016**

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

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

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

Study Area Code of Reporting Carrier

371558

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **James Mestl**

Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henders on co-op tel,l=Henderson NE 68371, Date:5/16/2016

Date: **5/16/2016**

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

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

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

Study Area Code of Reporting Carrier

371559

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Rex Woolley**

Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey coop tel co,l=Hershey NE 69143, Date:5/26/2016

Date: **5/26/2016**

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

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

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

Study Area Code of Reporting Carrier

371561

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CONSOLIDATED TELECOM**

Signature of Authorized Officer: **Wendy Thompson Fast**

Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telecom,l=Lincoln NE 68506-0147, Date:5/17/2016

Date: **5/17/2016**

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

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

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

Study Area Code of Reporting Carrier

371562

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Robert Gannon**

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

Date: **5/20/2016**

Printed name of Authorized Officer: **Robert Gannon**

Title or position of Authorized Officer: **Chief Executive Officer**

Telephone number of Authorized Officer: **712-786-5572**

Study Area Code of Reporting Carrier

371563

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: K & M TEL CO, INC					
Signature of Authorized Officer: Thomas Magnuson				Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k & m tel co, inc,lc=Chambers NE 68725, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer: Thomas Magnuson					
Title or position of Authorized Officer: President/General Manager					
Telephone number of Authorized Officer: 402-482-5800					
Study Area Code of Reporting Carrier	371565		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GLENWOOD NET SRV					
Signature of Authorized Officer: Stanley Rouse				Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood net srv,l=Blue Hill NE 68930-0008, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer: Stanley Rouse					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 402-756-3131					
Study Area Code of Reporting Carrier	371567		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 THE REPORTING CARRIER.

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

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

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

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

Digitally signed by Nancy McGregor-Jader DN:cn=Nancy McGregor-Jader,email=njader@nctc.net,O=nebraska central tel,l=Gibbon NE 68840-0700, Date:5/25/2016

Date: **5/25/2016**

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

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

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

Study Area Code of Reporting Carrier

371574

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

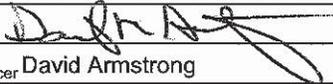
6/16/2016

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Northeast Nebraska Telephone Company	
Signature of Authorized Officer			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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GREAT PLAINS COMMUN**

Signature of Authorized Officer: **Wyman Nelson**

Digitally signed by Wyman Nelson DN:cn=Wyman Nelson,email=wenelson@gpcom.com,O=great plains commun,l=Blair NE 68008, Date:5/23/2016

Date: **5/23/2016**

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

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

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

Study Area Code of Reporting Carrier

371577

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Mary Bichlmeier**

Digitally signed by Mary Bichlmeier DN:cn=Mary Bichlmeier,email=maryb@piercetel.com,O=pierce tel co,l=Pierce NE 68767-0113, Date:5/16/2016

Date: **5/16/2016**

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

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

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

Study Area Code of Reporting Carrier

371581

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer:

Eric Nye

Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@uwyo.edu,O=plainview tel co,l=Plainview NE 68769-0117, Date:5/16/2016

Date: **5/16/2016**

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

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

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

Study Area Code of Reporting Carrier

371582

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

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ROCK COUNTY TEL CO					
Signature of Authorized Officer: Joe Jetensky				Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=rock county tel co, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer: Joe Jetensky					
Title or position of Authorized Officer: President/GM					
Telephone number of Authorized Officer: 402-426-6245					
Study Area Code of Reporting Carrier	371586		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				Sodtoun Telephone Company	
Signature of Authorized Officer			Michael Plantz		Date
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	371590	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: SE NEBRASKA COMM INC

Signature of Authorized Officer:

Ray Joy

Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=se nebraska comm inc,lf= , Date:5/16/2016

Date: 5/16/2016

Printed name of Authorized Officer: Ray Joy

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 402-245-4451

Study Area Code of Reporting Carrier

371591

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Robert Paden**

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

Date: **5/25/2016**

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

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

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

Study Area Code of Reporting Carrier

371592

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

6/16/2016

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Wauneta Telephone Company			
Signature of Authorized Officer: <i>Loretta M. Raile</i>			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	371597	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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Benkelman Telephone Co., Inc.**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Shawna Senger**

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

Date: **5/17/2016**

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

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

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

Study Area Code of Reporting Carrier

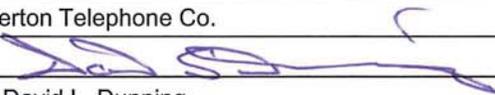
381447

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

6/16/2016

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Wolverton Telephone Co.			
Signature of Authorized Officer 			Date 5/21/2016
Printed name of Authorized Officer David L. Dunning			
Title or position of Authorized Officer Executive Vice President			
Telephone number of Authorized Officer: (701) 284-7221 ext.			
Study Area Code of Reporting Carrier	381509	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2016
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Ann Faught**

Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop tel co,l= , Date:5/17/2016

Date: **5/17/2016**

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

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

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

Study Area Code of Reporting Carrier

381601

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.

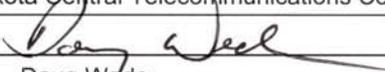
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier 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
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier Consolidated Telcom					
Signature of Authorized Officer <i>Bill Schaller</i>				Date 05/25/16	
Printed name of Authorized Officer Bill Schaller					
Title or position of Authorized Officer President					
Telephone number of Authorized Officer: (701) 483-4000 ext.					
Study Area Code of Reporting Carrier	381607	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2016		
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

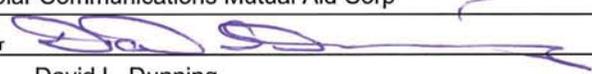
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DICKEY RURAL COOP					
Signature of Authorized Officer: Robert Johnson				<small>Digitally signed by Robert Johnson DN:cn=Robert Johnson,email=rjohnson@dtel.com,O=dickey rural coop,l=Ellendale ND 58436, Date:5/16/2016</small>	
Date: 5/16/2016					
Printed name of Authorized Officer: Robert Johnson					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 701-344-6010					
Study Area Code of Reporting Carrier	381611		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Polar Communications Mutual Aid Corp			
Signature of Authorized Officer 			Date 5/21/2016
Printed name of Authorized Officer David L. Dunning			
Title or position of Authorized Officer GM/CEO			
Telephone number of Authorized Officer: (701) 284-7221 ext.			
Study Area Code of Reporting Carrier	381614	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: GRIGGS COUNTY TEL CO

Signature of Authorized Officer: Tyler Kilde

Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tylerk@mlgc.biz,O=griggs county tel co,l=Enderlin ND 58027-0066, Date:5/24/2016

Date: 5/24/2016

Printed name of Authorized Officer: Tyler Kilde

Title or position of Authorized Officer: VP/GM

Telephone number of Authorized Officer: 701-437-3417

Study Area Code of Reporting Carrier

381615

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				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 _{ext.}						
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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MIDSTATE TEL CO

Signature of Authorized Officer: Ryan Wilhelmi

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

Date: 5/24/2016

Printed name of Authorized Officer: Ryan Wilhelmi

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 701-628-2522

Study Area Code of Reporting Carrier

381617

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Tyler Kilde**

Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tylerk@mlgc.biz,O=griggs ct (m&l),l=Enderlin ND 58027-0066, Date:5/24/2016

Date: 5/24/2016

Printed name of Authorized Officer: Tyler Kilde

Title or position of Authorized Officer: VP/GM

Telephone number of Authorized Officer: 701-437-3417

Study Area Code of Reporting Carrier

381622

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

6/16/2016

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.

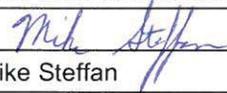
TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Northwest Communications Cooperative

Signature of Authorized Officer



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

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
				
Name of Reporting Carrier	Polar Communications Mutual Aid Corp			
Signature of Authorized Officer			Date	5/21/2016
Printed name of Authorized Officer	David L. Dunning			
Title or position of Authorized Officer	GM/CEO			
Telephone number of Authorized Officer:	(701) 284-7221 ext.			
Study Area Code of Reporting Carrier	381630	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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.				

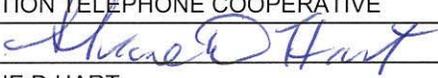
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RED RIVER COMM.					
Signature of Authorized Officer: Jeffrey Olson				<small>Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jefolson@redrivercomm.com,O=red river comm.,l=Abercrombie ND 58001, Date:5/17/2016</small>	
Date: 5/17/2016					
Printed name of Authorized Officer: Jeffrey Olson					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 701-553-8309					
Study Area Code of Reporting Carrier	381631		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				RESERVATION TELEPHONE COOPERATIVE				
Signature of Authorized Officer						Date		5/17/2016
Printed name of Authorized Officer				SHANE D HART				
Title or position of Authorized Officer				CEO/GM				
Telephone number of Authorized Officer: (701) 862-5229 ext.								
Study Area Code of Reporting Carrier		381632		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: UNITED TEL MUTUAL					
Signature of Authorized Officer: Perry Oster				<small>Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united tel mutual,l=Langdon ND 58249-0729, Date:5/18/2016</small>	
Date: 5/18/2016					
Printed name of Authorized Officer: Perry Oster					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 701-256-5156					
Study Area Code of Reporting Carrier	381636		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: W. RIVER TELECOM.					
Signature of Authorized Officer: Troy Schilling				<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>	
Date: 5/20/2016					
Printed name of Authorized Officer: Troy Schilling					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 701-748-2211					
Study Area Code of Reporting Carrier	381637		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MIDSTATE COMM.

Signature of Authorized Officer: Ryan Wilhelmi

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

Date: 5/24/2016

Printed name of Authorized Officer: Ryan Wilhelmi

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 701-628-2522

Study Area Code of Reporting Carrier

381638

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: NEMONT TEL COOP - ND

Signature of Authorized Officer: Remi Sun

Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop - nd,l=Scobey MT 59263-0600, Date:5/26/2016

Date: 5/26/2016

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 406-783-2358

Study Area Code of Reporting Carrier

382247

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				SRT Communications, Inc.	
Signature of Authorized Officer			Date		
[Handwritten Signature]			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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ALLIANCE-HILLS SD					
Signature of Authorized Officer: Kari Flanagan				Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills sd,I=Garretson SD 57030, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer: Kari Flanagan					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-594-8228					
Study Area Code of Reporting Carrier	391405		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GOLDEN WEST-ARMOUR**

Signature of Authorized Officer: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-armour,l=Wall SD 57790-0411, Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Dennis Law**

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

Telephone number of Authorized Officer: **605-279-2161**

Study Area Code of Reporting Carrier

391640

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ALLIANCE-BALTIC					
Signature of Authorized Officer: Kari Flanagan				Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,l=G arretson SD 57030, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer: Kari Flanagan					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-594-8228					
Study Area Code of Reporting Carrier	391642		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: Cheyenne River Sioux Tribe Telephone Authority			
Signature of Authorized Officer: <i>Terrance Veo</i>			Date: 05/18/2016
Printed name of Authorized Officer: Terrance Veo			
Title or position of Authorized Officer: Board President			
Telephone number of Authorized Officer: (605) 964-2600 ext.			
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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BERESFORD MUNICIPAL**

Signature of Authorized Officer: **Todd Hansen**

Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal, Date:5/26/2016

Date: **5/26/2016**

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

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

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

Study Area Code of Reporting Carrier

391649

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CLARITY TELECOM					
Signature of Authorized Officer: Keith Davidson				Digitally signed by Keith Davidson DN:cn=Keith Davidson,email=Keith.Davidson@vastbroadband.com,O=clarity telecom, Date:5/18/2016	
Date: 5/18/2016					
Printed name of Authorized Officer: Keith Davidson					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 573-481-2265					
Study Area Code of Reporting Carrier	391652		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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Debbie Brown**

Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith munic,l=Faith SD 57626-0368, Date:5/23/2016

Date: **5/23/2016**

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

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

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

Study Area Code of Reporting Carrier

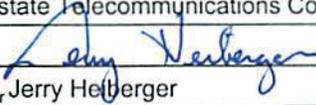
391653

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier 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 , ext. _____			
Study Area Code of Reporting Carrier	391654	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ALLIANCE-SPLITROCK**

Signature of Authorized Officer: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-splitrock,|=Garretson SD 57030, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer: **Kari Flanagan**

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

Telephone number of Authorized Officer: **605-594-8228**

Study Area Code of Reporting Carrier

391657

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GOLDEN WEST TELECOM**

Signature of Authorized Officer: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom,I=Wall SD 57790-0411, Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Dennis Law**

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

Telephone number of Authorized Officer: **605-279-2161**

Study Area Code of Reporting Carrier

391659

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: FT RANDALL-MT RUSHMR

Signature of Authorized Officer: **Bruce Hanson**

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=ft randall-mt rushmr, Date:5/23/2016

Date: 5/23/2016

Printed name of Authorized Officer: Bruce Hanson

Title or position of Authorized Officer: Treasurer

Telephone number of Authorized Officer: 320-847-2211

Study Area Code of Reporting Carrier

391660

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

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: JAMES VALLEY COOP					
Signature of Authorized Officer: James Groft				<small>Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley coop,l= , Date:5/16/2016</small> Date: 5/16/2016	
Printed name of Authorized Officer: James Groft					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 605-397-2323					
Study Area Code of Reporting Carrier	391664		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: JEFFERSON TEL CO -SD					
Signature of Authorized Officer: Tom Connors				<small>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</small>	
Date: 5/24/2016					
Printed name of Authorized Officer: Tom Connors					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 605-966-5631					
Study Area Code of Reporting Carrier	391666		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GOLDEN WEST-KADOKA					
Signature of Authorized Officer: Dennis Law				<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>	
Date: 5/20/2016					
Printed name of Authorized Officer: Dennis Law					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 605-279-2161					
Study Area Code of Reporting Carrier	391667		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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Rod Bowar**

Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=knbctel@kennebectelephone.com,O=kennebec tel co,l=Kennebec SD 57544, Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer: **Rod Bowar**

Title or position of Authorized Officer: **President/Manager**

Telephone number of Authorized Officer: **605-869-2220**

Study Area Code of Reporting Carrier

391668

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **TRIOTEL COMM-MCCOOK**

Signature of Authorized Officer: **Bryan Roth**

Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm-mccook,l=Salem SD 57058-0630, Date:5/24/2016

Date: **5/24/2016**

Printed name of Authorized Officer: **Bryan Roth**

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

Telephone number of Authorized Officer: **605-425-2238**

Study Area Code of Reporting Carrier

391669

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MIDSTATE COMM., INC.

Signature of Authorized Officer: **Mark Benton**

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

Date: 5/25/2016

Printed name of Authorized Officer: Mark Benton

Title or position of Authorized Officer: General Manager/CEO

Telephone number of Authorized Officer: 605-778-6221

Study Area Code of Reporting Carrier

391670

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: WEST RIVER(MOBRIDGE)

Signature of Authorized Officer: Troy Schilling

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

Date: 5/20/2016

Printed name of Authorized Officer: Troy Schilling

Title or position of Authorized Officer: CEO/General Manager

Telephone number of Authorized Officer: 701-748-2211

Study Area Code of Reporting Carrier

391671

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

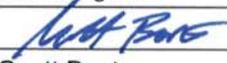
6/16/2016

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				RC Technologies	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Scott Bostrom		5/18/2016
Title or position of Authorized Officer			General Manager		
Telephone number of Authorized Officer: (605) 637-5211 ext.					
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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SANTEL COMM. COOP.**

Signature of Authorized Officer: **Ryan Thompson**

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

Date: **5/27/2016**

Printed name of Authorized Officer: **Ryan Thompson**

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

Telephone number of Authorized Officer: **605-796-8143**

Study Area Code of Reporting Carrier

391676

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GOLDEN WEST-SIOUX VY**

Signature of Authorized Officer: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-sioux vy,i=Wall SD 57790-0411, Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Dennis Law**

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

Telephone number of Authorized Officer: **605-279-2161**

Study Area Code of Reporting Carrier

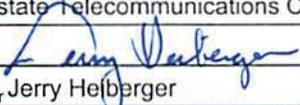
391677

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

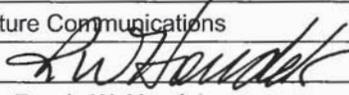
6/16/2016

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Interstate Telecommunications Cooperative, Inc. (ITC)				
Signature of Authorized Officer 				Date 5-18-16
Printed name of Authorized Officer Jerry Helberger				
Title or position of Authorized Officer CEO/General Manager				
Telephone number of Authorized Officer: (605) 874-2181 ext.				
Study Area Code of Reporting Carrier	391679		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Venture Communications</u>			
Signature of Authorized Officer 			Date <u>5/25/2016</u>
Printed name of Authorized Officer <u>Randy W. Houdek</u>			
Title or position of Authorized Officer <u>General Manager/CEO</u>			
Telephone number of Authorized Officer: <u>(605) 852-2224</u> ext.			
Study Area Code of Reporting Carrier	<u>391680</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TRIOTEL COMM(TRI-C)					
Signature of Authorized Officer: Bryan Roth				<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>	
Date: 5/24/2016					
Printed name of Authorized Officer: Bryan Roth					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 605-425-2238					
Study Area Code of Reporting Carrier	391682		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GOLDEN WEST-UNION					
Signature of Authorized Officer: Dennis Law				<small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-union,l=Wall SD 57790-0411, Date:5/20/2016</small>	
Date: 5/20/2016					
Printed name of Authorized Officer: Dennis Law					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 605-279-2161					
Study Area Code of Reporting Carrier	391684		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: VALLEY TELECOMM.

Signature of Authorized Officer: **Jeff Symens**

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

Date: 5/20/2016

Printed name of Authorized Officer: Jeff Symens

Title or position of Authorized Officer: General Manager/CEO

Telephone number of Authorized Officer: 605-437-2615

Study Area Code of Reporting Carrier

391685

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GOLDEN WEST-VIVIAN**

Signature of Authorized Officer: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-vivian,1=Wall SD 57790-0411, Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Dennis Law**

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

Telephone number of Authorized Officer: **605-279-2161**

Study Area Code of Reporting Carrier

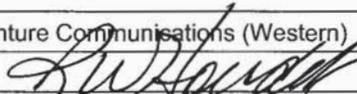
391686

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Venture Communications (Western)</u>			
Signature of Authorized Officer 			Date <u>5/25/2016</u>
Printed name of Authorized Officer <u>Randy W. Houdek</u>			
Title or position of Authorized Officer <u>General Manager/CEO</u>			
Telephone number of Authorized Officer: <u>(605) 852-2224</u> ext.			
Study Area Code of Reporting Carrier	391688	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WEST RIVER COOP**

Signature of Authorized Officer: **Colle Nash**

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

Date: **5/19/2016**

Printed name of Authorized Officer: **Colle Nash**

Title or position of Authorized Officer: **Interim Co-Manager**

Telephone number of Authorized Officer: **605-244-5213**

Study Area Code of Reporting Carrier

391689

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

6/16/2016

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TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Randy McCaslin**

Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas tel co,l=Clinton AR 72031, Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer: **Randy McCaslin**

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

Telephone number of Authorized Officer: **501-745-2114**

Study Area Code of Reporting Carrier

401692

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Shirley Kinnaid**

Digitally signed by Shirley Kinnaid DN:cn=Shirley Kinnaid,email=shirley@catc.net,O=central arkansas tel,l=Bismarck AR 71929-0130, Date:5/17/2016

Date: **5/17/2016**

Printed name of Authorized Officer: **Shirley Kinnaid**

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

Telephone number of Authorized Officer: **501-865-3212**

Study Area Code of Reporting Carrier

401697

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

6/16/2016

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Cleveland County Telephone Company</u>			
Signature of Authorized Officer 			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.			
Study Area Code of Reporting Carrier	401698	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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Decatur Telephone Company			
Signature of Authorized Officer <i>[Handwritten Signature]</i>			Date 5/23/16
Printed name of Authorized Officer BJ Mitchell			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: 417226-2247xt.			
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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SOUTH ARKANSAS TEL**

Signature of Authorized Officer: **Greg Ashcraft**

Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel,l=Sheridan AR 72150, Date:5/18/2016

Date: **5/18/2016**

Printed name of Authorized Officer: **Greg Ashcraft**

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

Telephone number of Authorized Officer: **870-942-4344**

Study Area Code of Reporting Carrier

401702

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LAVACA TEL CO-AR**

Signature of Authorized Officer: **Keith Gibson**

Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ar,l=Lavaca AR 72941-0230, Date:5/24/2016

Date: **5/24/2016**

Printed name of Authorized Officer: **Keith Gibson**

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

Telephone number of Authorized Officer: **479-674-2211**

Study Area Code of Reporting Carrier

401704

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Tom Shrum**

Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel,l=Huntsville AR 72740, Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Tom Shrum**

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

Telephone number of Authorized Officer: **479-738-2121**

Study Area Code of Reporting Carrier

401709

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Kathy Stone**

Digitally signed by Kathy Stone DN:cn=Kathy Stone,email=magtel@magtel.com,O=magazine tel co,l=Magazine AR 72943, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Kathy Stone**

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

Telephone number of Authorized Officer: **479-969-2211**

Study Area Code of Reporting Carrier

401710

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MOUNTAIN VIEW TEL CO**

Signature of Authorized Officer: **Anne Schuhknecht**

Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=mountain view tel co,l=Mountain Home AR 72654-1970, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Anne Schuhknecht**

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

Telephone number of Authorized Officer: **870-425-3100**

Study Area Code of Reporting Carrier

401712

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Steven Sanders, Jr.**

Digitally signed by Steven Sanders, Jr. DN:cn=Steven Sanders, Jr.,email=steven@natconet.com,O=north arkansas tel,=Flippin AR 72634-0209, Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer: **Steven Sanders, Jr.**

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

Telephone number of Authorized Officer: **870-453-9273**

Study Area Code of Reporting Carrier

401713

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

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PRAIRIE GROVE TEL CO					
Signature of Authorized Officer: Rick Reed				<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>	
Date: 5/17/2016					
Printed name of Authorized Officer: Rick Reed					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 479-846-7200					
Study Area Code of Reporting Carrier	401718		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Rice Belt Telephone Company Inc.			
Signature of Authorized Officer <i>Darby A. McCarty</i>			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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: E RITTER TEL CO					
Signature of Authorized Officer: John Strode				Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=e ritter tel co,l=Jonesboro AR 72403, Date:5/20/2016	
Date: 5/20/2016					
Printed name of Authorized Officer: John Strode					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 870-336-2345					
Study Area Code of Reporting Carrier	401722		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SW ARKANSAS TEL COOP**

Signature of Authorized Officer: **Tina Moore**

Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=sw arkansas tel coop,l= , Date:5/18/2016

Date: **5/18/2016**

Printed name of Authorized Officer: **Tina Moore**

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

Telephone number of Authorized Officer: **870-653-8222**

Study Area Code of Reporting Carrier

401724

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TRI-COUNTY TEL CO-AR					
Signature of Authorized Officer: John Strode				Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=tri-county tel co-ar,l=Jonesboro AR 72403, Date:5/20/2016	
Date: 5/20/2016					
Printed name of Authorized Officer: John Strode					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 870-336-2345					
Study Area Code of Reporting Carrier	401726		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WALNUT HILL TEL CO					
Signature of Authorized Officer: Amanda Molina				<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: 5/20/2016	
Printed name of Authorized Officer: Amanda Molina					
Title or position of Authorized Officer: Vice President of External Relations					
Telephone number of Authorized Officer: 904-259-0029					
Study Area Code of Reporting Carrier	401729		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **YELCOT TEL CO INC**

Signature of Authorized Officer: **Anne Schuhknecht**

Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=yelcot tel co inc,I=Mountain Home AR 72654-1970, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Anne Schuhknecht**

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

Telephone number of Authorized Officer: **870-425-3100**

Study Area Code of Reporting Carrier

401733

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **P. Sanders**

Digitally signed by P. Sanders DN:cn=P. Sanders, email=ptjr@arkwest.com, O=arkwest comm., inc., l=Danville AR 72833. Date: 5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **P. Sanders**

Title or position of Authorized Officer: **President & GM**

Telephone number of Authorized Officer: **479-495-4242**

Study Area Code of Reporting Carrier

401734

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Karen Gilliam**

Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county tel co,l=Avilla MO 64833, Date:5/27/2016

Date: **5/27/2016**

Printed name of Authorized Officer: **Karen Gilliam**

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

Telephone number of Authorized Officer: **479-923-4200**

Study Area Code of Reporting Carrier

403031

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BLUE VALLEY TELE-COM**

Signature of Authorized Officer: **Candace Wright**

Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-com,|= , Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer: **Candace Wright**

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

Telephone number of Authorized Officer: **785-799-3657**

Study Area Code of Reporting Carrier

411746

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **COUNCIL GROVE TEL CO**

Signature of Authorized Officer: **Dale Jones**

Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel co,l=Council Grove KS 66846-0299, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer: **Dale Jones**

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

Telephone number of Authorized Officer: **620-767-5153**

Study Area Code of Reporting Carrier

411758

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CUNNINGHAM TEL CO					
Signature of Authorized Officer: Brent Cunningham				Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham tel co,l=Glen Elder KS 67446-0108, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer: Brent Cunningham					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 785-545-3215					
Study Area Code of Reporting Carrier	411761		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier Elkhart Telephone Co., Inc			
Signature of Authorized Officer <i>Trenton D. Boaldin</i>			Date 5/26/2016
Printed name of Authorized Officer Trenton D. Boaldin			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (620) 697-2111 ext.			
Study Area Code of Reporting Carrier	411764	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GOLDEN BELT TEL ASSN					
Signature of Authorized Officer: Beau Rebel				<small>Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbta.net,O=golden belt tel assn,I=Rush Center KS 67575, Date:5/20/2016</small>	
Date: 5/20/2016					
Printed name of Authorized Officer: Beau Rebel					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 785-372-4236					
Study Area Code of Reporting Carrier	411777		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Tonya Murphy**

Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham tel co,l=Gorham KS 67640-0235, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Tonya Murphy**

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

Telephone number of Authorized Officer: **785-637-5300**

Study Area Code of Reporting Carrier

411778

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Mark Wade**

Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland tel co,l=Haviland KS 67059, Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer: **Mark Wade**

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

Telephone number of Authorized Officer: **620-862-5211**

Study Area Code of Reporting Carrier

411780

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **H & B COMMUNICATIONS**

Signature of Authorized Officer: **Robert Koch**

Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h & b communications,l=Holyrood KS 67450, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Robert Koch**

Title or position of Authorized Officer: **President and General Manager**

Telephone number of Authorized Officer: **785-252-4000**

Study Area Code of Reporting Carrier

411781

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HOME TEL CO

Signature of Authorized Officer: Tina Anderson

Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hci-ks.com,O=home tel co,l=Galva KS 67443, Date:5/26/2016

Date: 5/26/2016

Printed name of Authorized Officer: Tina Anderson

Title or position of Authorized Officer: Customer Acct & Billing Mgr/Secretary

Telephone number of Authorized Officer: 620-654-3381

Study Area Code of Reporting Carrier

411782

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: J. B. N. TEL CO INC					
Signature of Authorized Officer: Shelly Smith				<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>	
Date: 5/27/2016					
Printed name of Authorized Officer: Shelly Smith					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 785-866-3402					
Study Area Code of Reporting Carrier	411785		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KANOKLA TEL ASSN-KS					
Signature of Authorized Officer: Jill Kuehny				<small>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</small>	
Date: 5/20/2016					
Printed name of Authorized Officer: Jill Kuehny					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 620-845-5682					
Study Area Code of Reporting Carrier	411788		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Madison Telephone, LLC			
Signature of Authorized Officer <i>Shana Rains</i>	Date 5/17/2016		
Printed name of Authorized Officer Shana Rains			
Title or position of Authorized Officer Accountant			
Telephone number of Authorized Officer: (620) 437-2356 ext.			
Study Area Code of Reporting Carrier	411801	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2016
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MOKAN DIAL INC-KS**

Signature of Authorized Officer: **Amanda Molina**

Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-ks,l= , Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Amanda Molina**

Title or position of Authorized Officer: **Vice President of External Relations**

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

Study Area Code of Reporting Carrier

411807

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **John Tietjens**

Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mutual tel co,l=Little River KS 67457, Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer: **John Tietjens**

Title or position of Authorized Officer: **President & General Manager**

Telephone number of Authorized Officer: **620-897-6200**

Study Area Code of Reporting Carrier

411809

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **PEOPLES TELECOM LLC**

Signature of Authorized Officer: **Kathy Billinger**

Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peoplestelecom.net,O=peoples telecom llc,l=LaCygne KS 66040, Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer: **Kathy Billinger**

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

Telephone number of Authorized Officer: **913-757-2500**

Study Area Code of Reporting Carrier

411814

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CRAW-KAN TEL COOP

Signature of Authorized Officer: **Craig Wilbert**

Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=cwilbert@ckt.net,O=craw-kan tel coop,l=Girard KS 66743-0100, Date:5/26/2016

Date: 5/26/2016

Printed name of Authorized Officer: Craig Wilbert

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 620-724-8235

Study Area Code of Reporting Carrier

411818

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **RAINBOW TELECOM**

Signature of Authorized Officer: **James Lednický**

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

Date: **5/19/2016**

Printed name of Authorized Officer: **James Lednický**

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

Telephone number of Authorized Officer: **785-548-7511**

Study Area Code of Reporting Carrier

411820

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: S & T TEL COOP ASSN					
Signature of Authorized Officer: Christina Hickert				<small>Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=christina.hickert@sttelcom.com,O=s & t tel coop assn,l=Brewster KS 67732, Date:5/25/2016</small>	
Date: 5/25/2016					
Printed name of Authorized Officer: Christina Hickert					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: S & A TEL CO INC					
Signature of Authorized Officer: Janet Bathurst				Digitally signed by Janet Bathurst DN:cn=Janet Bathurst,email=jbathurst@satelephone.com,O=s & a tel co inc,l=Allen KS 66833-0068, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer: Janet Bathurst					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 620-528-3223					
Study Area Code of Reporting Carrier	411829		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: S. CENTRAL TEL - KS					
Signature of Authorized Officer: Kelly Johnson				Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kjohnson@sctelcom.com,O=s. central tel - ks,l= , Date:5/20/2016	
Date: 5/20/2016					
Printed name of Authorized Officer: Kelly Johnson					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 620-930-1020					
Study Area Code of Reporting Carrier	411831		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SOUTHERN KANSAS TEL					
Signature of Authorized Officer: 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: William McVey					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TRI-COUNTY TEL ASSN					
Signature of Authorized Officer: Dale Jones				Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=tri-county tel assn,I=Council Grove KS 66846-0299, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer: Dale Jones					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 620-767-5153					
Study Area Code of Reporting Carrier	411839		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Twin Valley Telephone, Inc.	
Signature of Authorized Officer					
Printed name of Authorized Officer			Scott Litzel		
Date			5/26/2016		
Title or position of Authorized Officer					
Vice President of Operations					
Telephone number of Authorized Officer: (785) 427-2211, ext.					
Study Area Code of Reporting Carrier		411840		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: UNITED TEL ASSN					
Signature of Authorized Officer: Jennifer Pachner				<small>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</small>	
Date: 5/16/2016					
Printed name of Authorized Officer: Jennifer Pachner					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 620-227-8641					
Study Area Code of Reporting Carrier	411841		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WAMEGO TEL CO INC**

Signature of Authorized Officer:

Jeff Wick

Digitally signed by Jeff Wick DN:cn=Jeff Wick,email=jwick@wtcks.com,O=wamego tel co inc,lc= , Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer: **Jeff Wick**

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

Telephone number of Authorized Officer: **785-456-1011**

Study Area Code of Reporting Carrier

411845

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

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WHEAT STATE TEL, INC					
Signature of Authorized Officer: Arturo Macias				<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>	
Date: 5/17/2016					
Printed name of Authorized Officer: Arturo Macias					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 620-782-3341					
Study Area Code of Reporting Carrier	411847		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WILSON TEL CO INC					
Signature of Authorized Officer: Brian Boisvert				<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> Date: 5/26/2016	
Printed name of Authorized Officer: Brian Boisvert					
Title or position of Authorized Officer: CEO /General Manager					
Telephone number of Authorized Officer: 785-658-2111					
Study Area Code of Reporting Carrier	411849		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		ZENDA TELEPHONE COMPANY, INC	
Signature of Authorized Officer	<i>John R. Ludenia</i>	Date	5/17/2016
Printed name of Authorized Officer		JOHN LUDENIA	
Title or position of Authorized Officer		VICE PRESIDENT	
Telephone number of Authorized Officer: (304) 983-8642 ext.			
Study Area Code of Reporting Carrier	411852	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BPS Tel. Co.**

Signature of Authorized Officer: **Lisa Winberry**

Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps tel. co.,l=Bernie MO 63822-0550, Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer: **Lisa Winberry**

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

Telephone number of Authorized Officer: **573-293-2277**

Study Area Code of Reporting Carrier

420463

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **IAMO TEL CO - MO**

Signature of Authorized Officer: **Jack Jones**

Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel co - mo,l=Coin IA 51636, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Jack Jones**

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

Telephone number of Authorized Officer: **712-583-3232**

Study Area Code of Reporting Carrier

421206

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CRAW-KAN TEL COOP-MO

Signature of Authorized Officer: **Craig Wilbert**

Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=cwilbert@ckt.net,O=craw-kan tel coop-mo,l=Girard KS 66743-0100, Date:5/26/2016

Date: 5/26/2016

Printed name of Authorized Officer: Craig Wilbert

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 620-724-8235

Study Area Code of Reporting Carrier

421759

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MOKAN DIAL INC-MO**

Signature of Authorized Officer: **Amanda Molina**

Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-mo,l= , Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Amanda Molina**

Title or position of Authorized Officer: **Vice President of External Relations**

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

Study Area Code of Reporting Carrier

421807

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ALMA COMM. CO.**

Signature of Authorized Officer: **Adolf Heins**

Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma comm. co.,l=Alma MO 64001, Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Adolf Heins**

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

Telephone number of Authorized Officer: **660-674-2297**

Study Area Code of Reporting Carrier

421860

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CHARITON VALLEY TEL

Signature of Authorized Officer: Kirby Underberg

Digitally signed by Kirby Underberg DN:cn=Kirby Underberg,email=kunderberg@charitonvalley.com,O=chariton valley tel,l=Macon MO 63552, Date:5/27/2016

Date: 5/27/2016

Printed name of Authorized Officer: Kirby Underberg

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 660-395-9000

Study Area Code of Reporting Carrier

421864

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CITIZENS TEL CO - MO					
Signature of Authorized Officer: Brian Cornelius				<small>Digitally signed by Brian Cornelius DN:cn=Brian Cornelius,email=blc@ctcis.net,O=citizens tel co - mo,l=Higginsville MO 64037-0737, Date:5/17/2016</small> Date: 5/17/2016	
Printed name of Authorized Officer: Brian Cornelius					
Title or position of Authorized Officer: President & General Manager					
Telephone number of Authorized Officer: 660-584-6520					
Study Area Code of Reporting Carrier	421865		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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Dee McCormack**

Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmccormack@mcmo.net,O=ellington tel co,l=Ellington MO 63638, Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer: **Dee McCormack**

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

Telephone number of Authorized Officer: **573-663-2000**

Study Area Code of Reporting Carrier

421874

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FARBER TEL CO					
Signature of Authorized Officer: Charles Crow				<small>Digitally signed by Charles Crow DN:cn=Charles Crow,email=ccrow@ftco.net,O=farber tel co, , Date:5/16/2016</small>	
Date: 5/16/2016					
Printed name of Authorized Officer: Charles Crow					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 573-249-9800					
Study Area Code of Reporting Carrier	421876		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Carla Cooper**

Digitally signed by Carla Cooper DN:cn=Carla Cooper,email=carla.cooper@fidelitycommunications.com, O=fidelity tel co, Inc., Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Carla Cooper**

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

Telephone number of Authorized Officer: **573-468-1218**

Study Area Code of Reporting Carrier

421882

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Goodman Telephone Company			
Signature of Authorized Officer <i>[Handwritten Signature]</i>			Date 5/23/16
Printed name of Authorized Officer BJ McFadden			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: 417.776.2247 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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GRANBY TEL CO - MO**

Signature of Authorized Officer: **Cheri Johnson**

Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - mo,l=Granby MO 64844, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer: **Cheri Johnson**

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

Telephone number of Authorized Officer: **417-472-5513**

Study Area Code of Reporting Carrier

421887

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Grand River Mutual Telephone Corporation	
Signature of Authorized Officer			<i>Gregg Davis</i>		Date
Printed name of Authorized Officer			Gregg Davis		5/17/14
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer: (660) 748-3231, ext.					
Study Area Code of Reporting Carrier		421888	Filing Due Date for this form (mm/dd/yyyy)	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GREEN HILLS TEL CORP**

Signature of Authorized Officer: **David Adams**

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

Date: **5/18/2016**

Printed name of Authorized Officer: **David Adams**

Title or position of Authorized Officer: **EVP/GM**

Telephone number of Authorized Officer: **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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHOCTAW TELEPHONE CO					
Signature of Authorized Officer: Amanda Molina				Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=choctaw telephone co,l= , Date:5/20/2016	
Date: 5/20/2016					
Printed name of Authorized Officer: Amanda Molina					
Title or position of Authorized Officer: Vice President of External Relations					
Telephone number of Authorized Officer: 904-259-0029					
Study Area Code of Reporting Carrier	421893		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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=klm tel co,l= , Date:5/23/2016

Date: **5/23/2016**

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

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

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

Study Area Code of Reporting Carrier

421900

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

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KINGDOM TELEPHONE CO					
Signature of Authorized Officer: Marla McCowan				Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mmccowan@kingdomtelco.com,O=kingdom telephone co,l=Auxvasse MO 65231, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer: Marla McCowan					
Title or position of Authorized Officer: Assistant Board Secretary					
Telephone number of Authorized Officer: 573-386-2241					
Study Area Code of Reporting Carrier	421901		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LE-RU TELEPHONE CO					
Signature of Authorized Officer: Robert Hart				Digitally signed by Robert Hart DN:cn=Robert Hart,email=hartb@leru.net,O=le-ru telephone co,l=Stella MO 64867-0147, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer: Robert Hart					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 417-628-3844					
Study Area Code of Reporting Carrier	421908		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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Ross Babbitt**

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

Date: **5/25/2016**

Printed name of Authorized Officer: **Ross Babbitt**

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

Telephone number of Authorized Officer: **417-223-4313**

Study Area Code of Reporting Carrier

421912

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MARK TWAIN RURAL TEL**

Signature of Authorized Officer: **Jim Lyon**

Digitally signed by Jim Lyon DN:cn=Jim Lyon,email=jlyon@marktwain.coop,O=mark twain rural tel,l=Hurdland MO 63547-0068, Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer: **Jim Lyon**

Title or position of Authorized Officer: **Executive VP / General Mgr**

Telephone number of Authorized Officer: **660-423-5211**

Study Area Code of Reporting Carrier

421914

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **OTELCO MID-MISSOURI**

Signature of Authorized Officer: **Dennis Andrews**

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=otelco mid-missouri, Date:5/25/2016

Date: **5/25/2016**

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

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

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

Study Area Code of Reporting Carrier

421917

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

6/16/2016

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 THE REPORTING CARRIER,

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NEW FLORENCE TEL CO**

Signature of Authorized Officer: **Garrin Bott**

Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=new florence tel co,l=Rockland ID 83271, Date:5/17/2016

Date: **5/17/2016**

Printed name of Authorized Officer: **Garrin Bott**

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

Telephone number of Authorized Officer: **208-548-2345**

Study Area Code of Reporting Carrier

421927

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NEW LONDON TEL CO**

Signature of Authorized Officer: **Garrin Bott**

Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=new london tel co,l=Rockland ID 83271, Date:5/17/2016

Date: **5/17/2016**

Printed name of Authorized Officer: **Garrin Bott**

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

Telephone number of Authorized Officer: **208-548-2345**

Study Area Code of Reporting Carrier

421928

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=holway tel co,l= , Date:5/23/2016

Date: **5/23/2016**

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

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

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

Study Area Code of Reporting Carrier

421929

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NE MISSOURI RURAL					
Signature of Authorized Officer: James Sherburne				Digitally signed by James Sherburne DN:cn=James Sherburne,email=jims@nemr.net,O=ne missouri rural,l=Green City MO 63545-0098, Date:5/24/2016	
Date: 5/24/2016					
Printed name of Authorized Officer: James Sherburne					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 660-874-4111					
Study Area Code of Reporting Carrier	421931		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Lathrop Telephone Company			
Signature of Authorized Officer <i>Gregg Davis</i>			Date 5/17/14
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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ORCHARD FARM TEL CO**

Signature of Authorized Officer: **Garrin Bott**

Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=orchard farm tel co,l=Rockland ID 83271, Date:5/17/2016

Date: **5/17/2016**

Printed name of Authorized Officer: **Garrin Bott**

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

Telephone number of Authorized Officer: **208-548-2345**

Study Area Code of Reporting Carrier

421934

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **OREGON FARMERS MUT**

Signature of Authorized Officer: **Wendy Ottman**

Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=ottman@ofmlive.net,O=oregon farmers mut,I=Oregon MO 64473, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Wendy Ottman**

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

Telephone number of Authorized Officer: **660-446-3391**

Study Area Code of Reporting Carrier

421935

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PEACE VALLEY TEL CO

Signature of Authorized Officer: Kelly Bosserman

Digitally signed by Kelly Bosserman DN:cn=Kelly Bosserman,email=kbosserman@hotmail.com,O=peace valley tel co,l=Peace Valley MO 65788-0009, Date:5/18/2016

Date: 5/18/2016

Printed name of Authorized Officer: Kelly Bosserman

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

Telephone number of Authorized Officer: 417-277-5550

Study Area Code of Reporting Carrier

421936

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Rick Bradley**

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

Date: **5/17/2016**

Printed name of Authorized Officer: **Rick Bradley**

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

Telephone number of Authorized Officer: **660-744-5311**

Study Area Code of Reporting Carrier

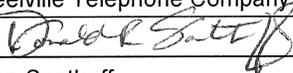
421942

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier		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	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Garrin Bott**

Digitally signed by Garrin Bott DN:cn=Garrin Bott,email=garrin@directcom.com,O=stoutland tel co,l=Rockland ID 83271, Date:5/17/2016

Date: **5/17/2016**

Printed name of Authorized Officer: **Garrin Bott**

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

Telephone number of Authorized Officer: **208-548-2345**

Study Area Code of Reporting Carrier

421951

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LAVACA TEL CO-OK**

Signature of Authorized Officer: **Keith Gibson**

Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ok,l=Lavaca AR 72941-0230, Date:5/24/2016

Date: **5/24/2016**

Printed name of Authorized Officer: **Keith Gibson**

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

Telephone number of Authorized Officer: **479-674-2211**

Study Area Code of Reporting Carrier

431704

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KANOKLA TEL ASSN-OK					
Signature of Authorized Officer: 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: Jill Kuehny					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 620-845-5682					
Study Area Code of Reporting Carrier	431788		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **S. CENTRAL TEL - OK**

Signature of Authorized Officer: **Kelly Johnson**

Digitally signed by Kelly Johnson DN:cn=Kelly Johnson,email=kjohnson@sctelcom.com,O=s. central tel - ok,l= , Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Kelly Johnson**

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

Telephone number of Authorized Officer: **620-930-1020**

Study Area Code of Reporting Carrier

431831

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Barbara Summa**

Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas tel co,l=Big Cabin OK 74332-0077, Date:5/27/2016

Date: **5/27/2016**

Printed name of Authorized Officer: **Barbara Summa**

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

Telephone number of Authorized Officer: **918-783-5111**

Study Area Code of Reporting Carrier

431966

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BEGGS TEL CO					
Signature of Authorized Officer: Kay Mount				Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs tel co,l=Beggs OK 74421-0749, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer: Kay Mount					
Title or position of Authorized Officer: Pres. & General Manager					
Telephone number of Authorized Officer: 918-267-3636					
Study Area Code of Reporting Carrier	431968		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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Orlean Smith**

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

Date: **5/23/2016**

Printed name of Authorized Officer: **Orlean Smith**

Title or position of Authorized Officer: **President / Gen Manager**

Telephone number of Authorized Officer: **918-334-3700**

Study Area Code of Reporting Carrier

431974

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

6/16/2016

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		Carnegie Telephone Company	
Signature of Authorized Officer		Date 05/17/2016	
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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Steve Guest**

Digitally signed by Steve Guest DN:cn=Steve Guest,email=steve377@cotc.net,O=central oklahoma tel,l=Davenport OK 74026-0789, Date:5/18/2016

Date: **5/18/2016**

Printed name of Authorized Officer: **Steve Guest**

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

Telephone number of Authorized Officer: **918-377-2241**

Study Area Code of Reporting Carrier

431977

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Samuel Sanchez**

Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee tel co,l= , Date:5/27/2016

Date: **5/27/2016**

Printed name of Authorized Officer: **Samuel Sanchez**

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

Telephone number of Authorized Officer: **580-434-5375**

Study Area Code of Reporting Carrier

431979

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHICKASAW TEL CO					
Signature of Authorized Officer: Larry Jones				Digitally signed by Larry Jones DN:cn=Larry Jones,email=ldjones@chickasawphone.net,O=chickasaw tel co,l=Sulphur OK 73086-0460, Date:5/18/2016	
Date: 5/18/2016					
Printed name of Authorized Officer: Larry Jones					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 580-622-5223					
Study Area Code of Reporting Carrier	431980		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier	Cimarron Telephone Company		
Signature of Authorized Officer	<i>Gene Baldwin</i>	Date	05/17/2016
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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier		Cross Telephone Company		
Signature of Authorized Officer				Date 05/17/2016
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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Trent LeForce**

Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=tleforce@dobson.net,O=dobson tel co,l= , Date:5/18/2016

Date: **5/18/2016**

Printed name of Authorized Officer: **Trent LeForce**

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

Telephone number of Authorized Officer: **405-242-0336**

Study Area Code of Reporting Carrier

431988

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: GRAND TEL CO INC

Signature of Authorized Officer: Jason Anderson

Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand tel co inc,l=Jay OK 74346-0308, Date:5/17/2016

Date: 5/17/2016

Printed name of Authorized Officer: Jason Anderson

Title or position of Authorized Officer: Controller/Co-Manager/2nd Vice President

Telephone number of Authorized Officer: 918-253-4231

Study Area Code of Reporting Carrier

431994

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HINTON TEL CO					
Signature of Authorized Officer: Kenneth Doughty				<small>Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton tel co,l=Hinton OK 73047, Date:5/19/2016</small>	
Date: 5/19/2016					
Printed name of Authorized Officer: Kenneth Doughty					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 405-542-3262					
Study Area Code of Reporting Carrier	431995		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MCLLOUD TEL CO					
Signature of Authorized Officer: Trent LeForce				<small>Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=tleforce@dobson.net,O=mcloud tel co,l= , Date:5/18/2016</small> Date: 5/18/2016	
Printed name of Authorized Officer: Trent LeForce					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 405-242-0336					
Study Area Code of Reporting Carrier	432006		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MEDICINE PARK TEL CO**

Signature of Authorized Officer: **Dean Pennello**

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

Date: **5/24/2016**

Printed name of Authorized Officer: **Dean Pennello**

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

Telephone number of Authorized Officer: **580-529-2700**

Study Area Code of Reporting Carrier

432008

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **OKLATEL COMM.**

Signature of Authorized Officer: **Toney Prather**

Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=oklatel comm.,l=De Leon TX 76444, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer: **Toney Prather**

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

Telephone number of Authorized Officer: **254-893-1000**

Study Area Code of Reporting Carrier

432013

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

6/16/2016

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.

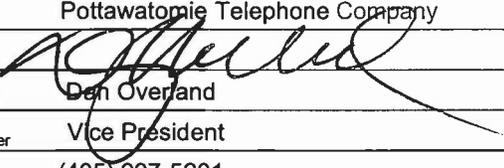
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: OKLAHOMA WESTERN TEL					
Signature of Authorized Officer: Pauline Van Horn				<small>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</small>	
Date: 5/27/2016					
Printed name of Authorized Officer: Pauline Van Horn					
Title or position of Authorized Officer: Chairman					
Telephone number of Authorized Officer: 918-569-4111					
Study Area Code of Reporting Carrier	432014		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PIONEER TEL COOP INC					
Signature of Authorized Officer: Richard Ruhl				<small>Digitally signed by Richard Ruhl DN:cn=Richard Ruhl,email=raruhl@ptci.com,O=pioneer tel coop inc,l=Kingfisher OK 73750-0539, Date:5/18/2016</small>	
Date: 5/18/2016					
Printed name of Authorized Officer: Richard Ruhl					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 405-375-0191					
Study Area Code of Reporting Carrier	432018		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: SALINA-SPAVINAW TEL

Signature of Authorized Officer: **Scott Boone**

Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel,l= , Date:5/17/2016

Date: 5/17/2016

Printed name of Authorized Officer: Scott Boone

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 918-496-8166

Study Area Code of Reporting Carrier

432022

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SHIDLER TEL CO					
Signature of Authorized Officer: Lisa Patton				Digitally signed by Lisa Patton DN:cn=Lisa Patton,email=lisa@stinternet.net,O=shidler tel co,I=Shidler OK 74652, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer: Lisa Patton					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 918-793-2211					
Study Area Code of Reporting Carrier	432023		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SW OKLAHOMA TEL CO**

Signature of Authorized Officer: **George Wycoff**

Digitally signed by George Wycoff DN:cn=George Wycoff,email=swotc@swoi.net,O=sw oklahoma tel co,l=Duke OK 73532, Date:5/17/2016

Date: **5/17/2016**

Printed name of Authorized Officer: **George Wycoff**

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

Telephone number of Authorized Officer: **580-679-3345**

Study Area Code of Reporting Carrier

432025

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.

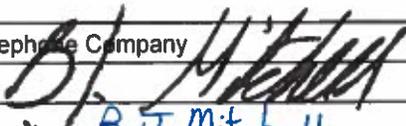
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TERRAL TEL CO					
Signature of Authorized Officer: Dick Segress				<small>Digitally signed by Dick Segress DN:cn=Dick Segress,email=dick@ttslinx.com,O=terral tel co,lc= , Date:5/27/2016</small> Date: 5/27/2016	
Printed name of Authorized Officer: Dick Segress					
Title or position of Authorized Officer: President/General Manager					
Telephone number of Authorized Officer: 405-602-2408					
Study Area Code of Reporting Carrier	432029		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VALLIANT TEL CO					
Signature of Authorized Officer: Tommy Dorries				<small>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</small>	
Date: 5/25/2016					
Printed name of Authorized Officer: Tommy Dorries					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 580-933-4400					
Study Area Code of Reporting Carrier	432032		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SANTA ROSA TEL COOP					
Signature of Authorized Officer: Jason Tole				<small>Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/17/2016</small>	
Date: 5/17/2016					
Printed name of Authorized Officer: Jason Tole					
Title or position of Authorized Officer: Assistant GM / CFO					
Telephone number of Authorized Officer: 940-886-2014					
Study Area Code of Reporting Carrier	432141		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CAMERON TEL CO TEXAS

Signature of Authorized Officer: Bruce Petry

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

Date: 5/16/2016

Printed name of Authorized Officer: Bruce Petry

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 337-583-2092

Study Area Code of Reporting Carrier

440425

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **C. Dorries**

Digitally signed by C. Dorries DN:cn=C.
 Dorries,email=Clint@blossomtel.net,O=blossom tel
 co,l=Blossom TX 75416-0008, Date:5/24/2016

Date: **5/24/2016**

Printed name of Authorized Officer: **C. Dorries**

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

Telephone number of Authorized Officer: **903-982-5200**

Study Area Code of Reporting Carrier

442038

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BIG BEND TEL CO INC					
Signature of Authorized Officer: Rusty Moore				<small>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</small>	
Date: 5/25/2016					
Printed name of Authorized Officer: Rusty Moore					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 432-364-0089					
Study Area Code of Reporting Carrier	442039		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: BRAZORIA TEL CO

Signature of Authorized Officer: **Gil Rasco**

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

Date: 5/24/2016

Printed name of Authorized Officer: Gil Rasco

Title or position of Authorized Officer: Vice President, Operations

Telephone number of Authorized Officer: 979-798-2121

Study Area Code of Reporting Carrier

442040

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: BRAZOS TEL COOP INC

Signature of Authorized Officer: Lonnie Rue

Digitally signed by Lonnie Rue DN:cn=Lonnie Rue,email=lrue@brazosnet.com,O=brazos tel coop inc, Date:5/17/2016

Date: 5/17/2016

Printed name of Authorized Officer: Lonnie Rue

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 940-873-4303

Study Area Code of Reporting Carrier

442041

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

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTH TEXAS TEL. CO.					
Signature of Authorized Officer: Toney Prather				<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>	
Date: 5/16/2016					
Printed name of Authorized Officer: Toney Prather					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 254-893-1000					
Study Area Code of Reporting Carrier	442043		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CAP ROCK TEL COOP					
Signature of Authorized Officer: Jim Whitefield				Digitally signed by Jim Whitefield DN: cn=Jim Whitefield, email=advisory@caprock-spur.com, O=cap rock tel coop, I=Spur TX 79370-0300, Date: 5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer: Jim Whitefield					
Title or position of Authorized Officer: Executive Vice President/General Manager					
Telephone number of Authorized Officer: 806-271-3336					
Study Area Code of Reporting Carrier	442046		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CENTRAL TEXAS CO-OP**

Signature of Authorized Officer: **Jamey Wigley**

Digitally signed by Jamey Wigley DN:cn=Jamey Wigley,email=jameyw@centexnet.com,O=central texas co-op,l=Goldthwaite TX 76844, Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Jamey Wigley**

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

Telephone number of Authorized Officer: **325-648-2237**

Study Area Code of Reporting Carrier

442052

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COLEMAN COUNTY CO-OP					
Signature of Authorized Officer: Tim Humpert				Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county co-op,l=Santa Anna TX 76878, Date:5/25/2016	
Date: 5/25/2016					
Printed name of Authorized Officer: Tim Humpert					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 325-348-3124					
Study Area Code of Reporting Carrier	442057		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Colorado Valley Telephone Cooperative, Inc.

Signature of Authorized Officer

Kelly Allison

Date 5/26/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TOTELCOM COMM.					
Signature of Authorized Officer: Toney Prather				<small>Digitally signed by Toney Prather DN:cn=Toney Prather,email=toney.prather@totelcom.net,O=totelcom comm.,l=De Leon TX 76444, Date:5/16/2016</small>	
Date: 5/16/2016					
Printed name of Authorized Officer: Toney Prather					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 254-893-1000					
Study Area Code of Reporting Carrier	442060		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COMMUNITY TEL CO					
Signature of Authorized Officer: Clifford Humpert				<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>	
Date: 5/17/2016					
Printed name of Authorized Officer: Clifford Humpert					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 940-423-6201					
Study Area Code of Reporting Carrier	442061		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CUMBY TEL COOP INC

Signature of Authorized Officer: **Karen Zimmerman**

Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenz@cumbytel.com,O=cumby tel coop inc,I=Cumby TX 75433, Date:5/18/2016

Date: 5/18/2016

Printed name of Authorized Officer: Karen Zimmerman

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **DELL TEL. CO-OP - TX**

Signature of Authorized Officer: **Marcy Guillen**

Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@dellcity.com,O=dell tel. co-op - tx,l= , Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer: **Marcy Guillen**

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

Telephone number of Authorized Officer: **915-964-2352**

Study Area Code of Reporting Carrier

442066

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: EASTEX TEL COOP INC					
Signature of Authorized Officer: Steve Alexander				<small>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</small> Date: 5/16/2016	
Printed name of Authorized Officer: Steve Alexander					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 903-854-1121					
Study Area Code of Reporting Carrier	442068		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ELECTRA TELEPHONE CO**

Signature of Authorized Officer: **Amanda Molina**

Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=electra telephone co,l= , Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Amanda Molina**

Title or position of Authorized Officer: **Vice President of External Relations**

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

Study Area Code of Reporting Carrier

442069

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: FIVE AREA TEL CO-OP					
Signature of Authorized Officer: Mark Washington				<small>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</small> Date: 5/18/2016	
Printed name of Authorized Officer: Mark Washington					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 806-272-5533					
Study Area Code of Reporting Carrier	442071		Filing Due Date for this form (mm/dd/yyyy)	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BORDER TO BORDER**

Signature of Authorized Officer: **Curtis Hunt**

Digitally signed by Curtis Hunt DN:cn=Curtis Hunt,email=curtis.hunt@trceng.com,O=border to border,|=
 , Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer: **Curtis Hunt**

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

Telephone number of Authorized Officer: **956-936-2000**

Study Area Code of Reporting Carrier

442073

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Bill Rakowitz**

Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado tel.,I=Ganado TX 77962-0329, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Bill Rakowitz**

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

Telephone number of Authorized Officer: **361-771-3331**

Study Area Code of Reporting Carrier

442076

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

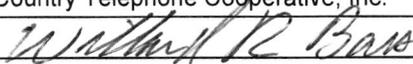
6/16/2016

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Hill Country Telephone Cooperative, Inc.		
Signature of Authorized Officer					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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ALENCO COMMUNICATION**

Signature of Authorized Officer: **Ray Bussell**

Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communication,l=Joshua TX 76058, Date:5/17/2016

Date: **5/17/2016**

Printed name of Authorized Officer: **Ray Bussell**

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

Telephone number of Authorized Officer: **817-447-0127**

Study Area Code of Reporting Carrier

442090

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ETS TEL. CO., INC.

Signature of Authorized Officer: J. Findley

Digitally signed by J. Findley DN:cn=J. Findley,email=jfindley@entouchsystems.net,O=ets tel. co., inc., Date:5/23/2016

Date: 5/23/2016

Printed name of Authorized Officer: J. Findley

Title or position of Authorized Officer: President/CEO

Telephone number of Authorized Officer: 281-225-0501

Study Area Code of Reporting Carrier

442091

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				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, ext.						
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LA WARD TEL EXCHANGE					
Signature of Authorized Officer: Terri Parker				<small>Digitally signed by Terri Parker DN:cn=Terri Parker,email=terri@laward.org,O=la ward tel exchange,l=La Ward TX 77970-0246, Date:5/16/2016</small>	
Date: 5/16/2016					
Printed name of Authorized Officer: Terri Parker					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 361-872-2211					
Study Area Code of Reporting Carrier	442103		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: LIPAN TEL CO

Signature of Authorized Officer: Beth Howard

Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan tel co,l=Lipan TX 76462, Date:5/17/2016

Date: 5/17/2016

Printed name of Authorized Officer: Beth Howard

Title or position of Authorized Officer: Sec / Treasurer

Telephone number of Authorized Officer: 254-646-2211

Study Area Code of Reporting Carrier

442105

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Mid-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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MUENSTER DBA NORTEX**

Signature of Authorized Officer: **Alan Rohmer**

Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=muenster dba nortex,l=Muenster TX 76252, Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Alan Rohmer**

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

Telephone number of Authorized Officer: **940-759-2251**

Study Area Code of Reporting Carrier

442116

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

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PEOPLES TEL COOP -TX					
Signature of Authorized Officer: Gena von Reyn				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	
Date: 5/23/2016					
Printed name of Authorized Officer: Gena von Reyn					
Title or position of Authorized Officer: Regulatory Affairs Manager					
Telephone number of Authorized Officer: 903-878-3172					
Study Area Code of Reporting Carrier	442130		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **POKA-LAMBRO TEL COOP**

Signature of Authorized Officer: **David McEndree**

Digitally signed by David McEndree DN:cn=David McEndree,email=dmc@poka.com,O=poka-lambro tel coop,l=Tahoka TX 79373-1340, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **David McEndree**

Title or position of Authorized Officer: **Chief Executive Officer**

Telephone number of Authorized Officer: **806-924-7234**

Study Area Code of Reporting Carrier

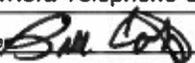
442131

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Riviera Telephone Company, Inc.			
Signature of Authorized Officer 			Date 5/20/2016
Printed name of Authorized Officer Bill Colston, Jr.			
Title or position of Authorized Officer President/General Manager			
Telephone number of Authorized Officer: (361) 296-3232 ext.			
Study Area Code of Reporting Carrier	442134	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SOUTHWEST TEXAS TEL**

Signature of Authorized Officer: **Gary Gilmer**

Digitally signed by Gary Gilmer DN:cn=Gary Gilmer, email=gary@swtexas.com, O=southwest texas tel, l=Rocksprings TX 78880, Date: 5/17/2016

Date: **5/17/2016**

Printed name of Authorized Officer: **Gary Gilmer**

Title or position of Authorized Officer: **President, CEO**

Telephone number of Authorized Officer: **830-683-2111**

Study Area Code of Reporting Carrier

442135

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SANTA ROSA TEL COOP**

Signature of Authorized Officer: **Jason Tole**

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

Date: **5/17/2016**

Printed name of Authorized Officer: **Jason Tole**

Title or position of Authorized Officer: **Assistant GM / CFO**

Telephone number of Authorized Officer: **940-886-2014**

Study Area Code of Reporting Carrier

442141

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

6/16/2016

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier South Plains Telephone Cooperative, Inc

Signature of Authorized Officer

Scotty Hart

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 ext.

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Amanda Molina**

Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=tatum tel co,l= , Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Amanda Molina**

Title or position of Authorized Officer: **Vice President of External Relations**

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

Study Area Code of Reporting Carrier

442150

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TAYLOR TEL CO-OP INC					
Signature of Authorized Officer: Steve Singletary				<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>	
Date: 5/16/2016					
Printed name of Authorized Officer: Steve Singletary					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 325-846-4111					
Study Area Code of Reporting Carrier	442151		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: VALLEY TEL CO-OP -TX

Signature of Authorized Officer: Dave Osborn

Digitally signed by Dave Osborn DN:cn=Dave Osborn,email=dave.osborn@vtx1.net,O=valley tel co-op -tx, Date:5/17/2016

Date: 5/17/2016

Printed name of Authorized Officer: Dave Osborn

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 956-642-1124

Study Area Code of Reporting Carrier

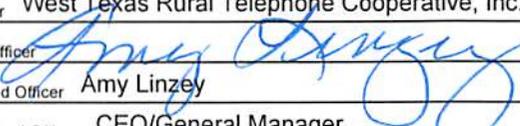
442159

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier West Texas Rural 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, ext.			
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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WES-TEX TEL CO-OP**

Signature of Authorized Officer: **Darren Patrick**

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

Date: **5/16/2016**

Printed name of Authorized Officer: **Darren Patrick**

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

Telephone number of Authorized Officer: **432-756-3393**

Study Area Code of Reporting Carrier

442168

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **XIT RURAL TEL CO-OP**

Signature of Authorized Officer: **Darrell Dennis**

Digitally signed by Darrell Dennis DN:cn=Darrell Dennis,email=ddennis@xitcomm.net,O=xit rural tel co-op,l=Dalhart TX 79022, Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer: **Darrell Dennis**

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

Telephone number of Authorized Officer: **806-384-3311**

Study Area Code of Reporting Carrier

442170

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

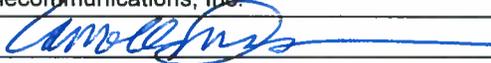
6/16/2016

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier ENMR Telephone Cooperative			
Signature of Authorized Officer <i>David J. Robinson</i>			Date 5-23-2016
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.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Hopi Telecommunications, Inc.			
Signature of Authorized Officer 			Date 5/26/2016
Printed name of Authorized Officer Carroll Onsaie			
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.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier 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.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Tohono O'odham Utility Authority	
Signature of Authorized Officer			<i>Harriet Toro</i>		
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 ext.	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VALLEY TEL COOP-AZ					
Signature of Authorized Officer: Steven Metts				<small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop-az,l=Willcox AZ 85644, Date:5/17/2016</small>	
Date: 5/17/2016					
Printed name of Authorized Officer: Steven Metts					
Title or position of Authorized Officer: CEO / General Manager					
Telephone number of Authorized Officer: 520-384-2231					
Study Area Code of Reporting Carrier	452176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Bruce Holdridge**

Digitally signed by Bruce Holdridge DN:cn=Bruce Holdridge,email=bholdridge@gilarivertel.com,O=gila river telecom., Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer: **Bruce Holdridge**

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

Telephone number of Authorized Officer: **520-796-8885**

Study Area Code of Reporting Carrier

452179

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ACCIPITER DBA ZONA					
Signature of Authorized Officer: Jennifer Vellucci				<small>Digitally signed by Jennifer Vellucci DN:cn=Jennifer Vellucci,email=jvellucci@teamzona.com,O=accipiter dba zona,l= , Date:5/17/2016</small>	
Date: 5/17/2016					
Printed name of Authorized Officer: Jennifer Vellucci					
Title or position of Authorized Officer: Vice President/CFO					
Telephone number of Authorized Officer: 623-455-4500					
Study Area Code of Reporting Carrier	452191		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FORT MOJAVE TEL, INC**

Signature of Authorized Officer: **Linda Gutierrez**

Digitally signed by Linda Gutierrez DN:cn=Linda Gutierrez,email=linfnti@ftmojave.net,O=fort mojave tel, inc, Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer: **Linda Gutierrez**

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

Telephone number of Authorized Officer: **928-346-2521**

Study Area Code of Reporting Carrier

452200

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MIDVALE-AZ

Signature of Authorized Officer: **John Stuart**

Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale-az,I=M idvale ID 83645, Date:5/19/2016

Date: 5/19/2016

Printed name of Authorized Officer: John Stuart

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 208-355-2211

Study Area Code of Reporting Carrier

452226

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 THE REPORTING CARRIER,

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

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

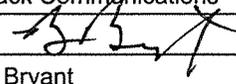
Name of Reporting Carrier Table Top Telephone Company, Inc.			
Signature of Authorized Officer <i>Kristann Mattes</i>			Date 5-18-2016
Printed name of Authorized Officer Kristann Mattes			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (559) 868-6346 , ext.			
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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Saddleback Communications			
Signature of Authorized Officer 		Date 5/18/2016	
Printed name of Authorized Officer Bill Bryant			
Title or position of Authorized Officer President/General Manager			
Telephone number of Authorized Officer: (480) 362-7001 , ext.			
Study Area Code of Reporting Carrier	457991	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **AGATE MUTUAL TEL CO**

Signature of Authorized Officer: **Amy Noah**

Digitally signed by Amy Noah DN:cn=Amy Noah,email=amtca@amtca.net,O=agate mutual tel co,l=Agate CO 80101-0038, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer: **Amy Noah**

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

Telephone number of Authorized Officer: **719-764-2578**

Study Area Code of Reporting Carrier

462178

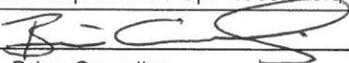
Filing Due Date for this form
(mm/dd/yyyy)

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.

462181

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier 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 , ext. _____					
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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier BLANCA TELEPHONE COMPANY			
Signature of Authorized Officer 		Date 5/16/16	
Printed name of Authorized Officer ALAN WEHE			
Title or position of Authorized Officer MANAGER			
Telephone number of Authorized Officer: (719) 379-3839 ext.			
Study Area Code of Reporting Carrier	462182	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **EASTERN SLOPE RURAL**

Signature of Authorized Officer: **Patricia White**

Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.coop,O=eastern slope rural,l=Hugo CO 80821-0397, Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Patricia White**

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

Telephone number of Authorized Officer: **719-743-2441**

Study Area Code of Reporting Carrier

462186

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FARMERS TEL CO - CO**

Signature of Authorized Officer: **Douglas Pace**

Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dpace@ftitel.net,O=farmers tel co - co,l=Pleasant View CO 81331-0369, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Douglas Pace**

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

Telephone number of Authorized Officer: **970-562-0058**

Study Area Code of Reporting Carrier

462188

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Amanda Molina**

Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=haxtun tel co, Inc., Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Amanda Molina**

Title or position of Authorized Officer: **Vice President of External Relations**

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

Study Area Code of Reporting Carrier

462190

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NUCLA-NATURITA TEL**

Signature of Authorized Officer: **Kelly Tomlinson**

Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=kelly@nntc.bz,O=nucla-naturita tel,l=Nucla CO 81424, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Kelly Tomlinson**

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

Telephone number of Authorized Officer: **970-864-7335**

Study Area Code of Reporting Carrier

462193

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Greg Grablander**

Digitally signed by Greg Grablander DN:cn=Greg Grablander, email=greg@ezlink.com, O=nunn tel co, l=Nunn CO 80648, Date: 5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer: **Greg Grablander**

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

Telephone number of Authorized Officer: **970-897-2200**

Study Area Code of Reporting Carrier

462194

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SOUTH PARK TEL. CO.**

Signature of Authorized Officer: **David Shipley**

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@usch.com,O=south park tel. co.,l=Colorado City CO 81019-0166, Date:5/22/2016

Date: **5/22/2016**

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

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

Telephone number of Authorized Officer: **719-676-4151**

Study Area Code of Reporting Carrier

462195

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Kathy Glassburn**

Digitally signed by Kathy Glassburn DN:cn=Kathy Glassburn,email=peetztel@peetzplace.com,O=peetz coop tel co,l=Peetz CO 80747, Date:5/18/2016

Date: **5/18/2016**

Printed name of Authorized Officer: **Kathy Glassburn**

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

Telephone number of Authorized Officer: **970-334-2220**

Study Area Code of Reporting Carrier

462196

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PHILLIPS COUNTY TEL

Signature of Authorized Officer: Vincent Kropp

Digitally signed by Vincent Kropp DN:cn=Vincent Kropp,email=vince.kropp@pctelcom.org,O=phillips county tel,l=Holyoke CO 80734, Date:5/23/2016

Date: 5/23/2016

Printed name of Authorized Officer: Vincent Kropp

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 970-854-2201

Study Area Code of Reporting Carrier

462197

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PINE DRIVE TEL CO					
Signature of Authorized Officer: Matthew Sellers				Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel co,l=Beulah CO 81023, Date:5/27/2016	
Date: 5/27/2016					
Printed name of Authorized Officer: Matthew Sellers					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 719-485-3400					
Study Area Code of Reporting Carrier	462198		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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer:

D. Felty

Digitally signed by D. Felty DN:cn=D.
 Felty,email=dkfelty@plainstel.com,O=plains coop tel
 assn,I=Joes CO 80822, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer: **D. Felty**

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

Telephone number of Authorized Officer: **970-358-4211**

Study Area Code of Reporting Carrier

462199

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

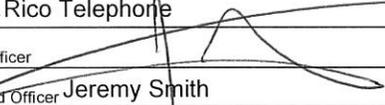
6/16/2016

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Rico Telephone			
Signature of Authorized Officer 			Date 05/26/2016
Printed name of Authorized Officer Jeremy Smith			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (208) 548-2345 ext.			
Study Area Code of Reporting Carrier	462201	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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Peggy Manino**

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

Date: **5/17/2016**

Printed name of Authorized Officer: **Peggy Manino**

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

Telephone number of Authorized Officer: **303-849-5260**

Study Area Code of Reporting Carrier

462202

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **RYE TELEPHONE CO**

Signature of Authorized Officer: **David Shipley**

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=rye telephone co,l=Colorado City CO 81019-0166, Date:5/22/2016

Date: **5/22/2016**

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

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

Telephone number of Authorized Officer: **719-676-3131**

Study Area Code of Reporting Carrier

462203

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Taya Northrup**

Digitally signed by Taya Northrup DN:cn=Taya Northrup,email=stoneham.telephone@yahoo.com,O=stoneham coop tel co,l=Stoneham CO 80754, Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer: **Taya Northrup**

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

Telephone number of Authorized Officer: **970-735-2251**

Study Area Code of Reporting Carrier

462206

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WIGGINS TEL ASSOC**

Signature of Authorized Officer: **Terry Hendrickson**

Digitally signed by Terry Hendrickson DN:cn=Terry Hendrickson,email=terry@wiginstel.com,O=wiggins tel assoc,l=Wiggins CO 80654-0690, Date:5/24/2016

Date: **5/24/2016**

Printed name of Authorized Officer: **Terry Hendrickson**

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

Telephone number of Authorized Officer: **970-483-7343**

Study Area Code of Reporting Carrier

462209

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Aimee Dollerschell**

Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel co,l= , Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer: **Aimee Dollerschell**

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

Telephone number of Authorized Officer: **970-228-4571**

Study Area Code of Reporting Carrier

462210

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ALBION TEL CO-ATC**

Signature of Authorized Officer: **Rich Redman**

Digitally signed by Rich Redman DN:cn=Rich Redman,email=rich@atcnet.net,O=albion tel co-atc,l=Albion ID 83311, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer: **Rich Redman**

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

Telephone number of Authorized Officer: **208-673-5335**

Study Area Code of Reporting Carrier

472213

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CAMBRIDGE TEL CO

Signature of Authorized Officer: **Kristie Kanady**

Digitally signed by Kristie Kanady DN:cn=Kristie Kanady,email=kkanady@ctctele.com,O=cambridge tel co,l=Cambridge ID 83610, Date:5/20/2016

Date: 5/20/2016

Printed name of Authorized Officer: Kristie Kanady

Title or position of Authorized Officer: Billing Manager

Telephone number of Authorized Officer: 208-257-3314

Study Area Code of Reporting Carrier

472215

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 THE REPORTING CARRIER,

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

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

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FILER MUTUAL TEL -ID**

Signature of Authorized Officer: **Steve Cowger**

Digitally signed by Steve Cowger DN: cn=Steve Cowger, email=stevec@filertel.com, O=filer mutual tel -id, I=Filer ID 83328, Date: 5/18/2016

Date: **5/18/2016**

Printed name of Authorized Officer: **Steve Cowger**

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

Telephone number of Authorized Officer: **208-326-4339**

Study Area Code of Reporting Carrier

472220

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Daniel Greig**

Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmtc.com,O=farmers mutual tel,l=Fruitland ID 83619, Date:5/24/2016

Date: **5/24/2016**

Printed name of Authorized Officer: **Daniel Greig**

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

Telephone number of Authorized Officer: **208-452-3100**

Study Area Code of Reporting Carrier

472221

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **Fremont Telcom**

Signature of Authorized Officer: **Stacey Mueller**

Digitally signed by Stacey Mueller DN:cn=Stacey Mueller,email=smueller@blackfoot.com,O=fremont telcom,l= , Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Stacey Mueller**

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

Telephone number of Authorized Officer: **406-541-5424**

Study Area Code of Reporting Carrier

472222

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

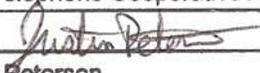
6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MIDVALE TEL EXCH INC					
Signature of Authorized Officer: John Stuart				<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>	
Date: 5/19/2016					
Printed name of Authorized Officer: John Stuart					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 208-355-2211					
Study Area Code of Reporting Carrier	472226		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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 ext.			
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PROJECT MUTUAL TEL					
Signature of Authorized Officer: Rick Harder				<small>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel,lc= , Date:5/24/2016</small> Date: 5/24/2016	
Printed name of Authorized Officer: Rick Harder					
Title or position of Authorized Officer: CFO/Treasurer					
Telephone number of Authorized Officer: 208-434-7124					
Study Area Code of Reporting Carrier	472231		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>					

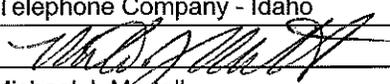
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DIRECT COMM-ROCKLAND					
Signature of Authorized Officer: Leonard May				<small>Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland,l=Rockland ID 83271, Date:5/17/2016</small>	
Date: 5/17/2016					
Printed name of Authorized Officer: Leonard May					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 208-548-2345					
Study Area Code of Reporting Carrier	472232		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier: Rural Telephone Company - Idaho			
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	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COLUMBINE DBA SILVER					
Signature of Authorized Officer: Jefferson England				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	
Date: 5/19/2016					
Printed name of Authorized Officer: Jefferson England					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 307-883-6675					
Study Area Code of Reporting Carrier	472295		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **INLAND TEL-ID**

Signature of Authorized Officer: **James Brooks**

Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel-id,I=Roslyn WA 98941, Date:5/24/2016

Date: **5/24/2016**

Printed name of Authorized Officer: **James Brooks**

Title or position of Authorized Officer: **Treasurer/Controller/Reg. Manager**

Telephone number of Authorized Officer: **509-649-2211**

Study Area Code of Reporting Carrier

472423

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

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BLACKFOOT TEL - BTC					
Signature of Authorized Officer: Stacey Mueller				Digitally signed by Stacey Mueller DN:cn=Stacey Mueller,email=smueller@blackfoot.com,O=blackfoot tel - btc,l= , Date:5/25/2016	
Date: 5/25/2016					
Printed name of Authorized Officer: Stacey Mueller					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 406-541-5424					
Study Area Code of Reporting Carrier	482235		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **HOT SPRINGS TEL CO**

Signature of Authorized Officer: **Kathe Johnson**

Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe_ann@yahoo.com,O=hot springs tel co,l=Missoula MT 59808, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer: **Kathe Johnson**

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

Telephone number of Authorized Officer: **406-721-0846**

Study Area Code of Reporting Carrier

482241

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Randy Wilson**

Digitally signed by Randy Wilson DN:cn=Randy Wilson,email=rwilson@interbel.com,O=interbel tel coop,l=Eureka MT 59917, Date:6/1/2016

Date: **6/1/2016**

Printed name of Authorized Officer: **Randy Wilson**

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

Telephone number of Authorized Officer: **406-889-3311**

Study Area Code of Reporting Carrier

482242

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

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LINCOLN TEL CO INC					
Signature of Authorized Officer: Ken Lumpkin				<small>Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@linctel.net,O=lincoln tel co inc,lc= , Date:5/26/2016</small>	
Date: 5/26/2016					
Printed name of Authorized Officer: Ken Lumpkin					
Title or position of Authorized Officer: General Manager / Secretary / Treasurer					
Telephone number of Authorized Officer: 406-362-4216					
Study Area Code of Reporting Carrier	482244		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Mid-Rivers Telephone Cooperative, Inc.			
Signature of Authorized Officer <i>Craig Johnson</i>			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 <small>(mm/dd/yyyy)</small>	6/16/2016
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NEMONT TEL COOP-MT					
Signature of Authorized Officer: Remi Sun				<small>Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop-mt,l=Scobey MT 59263-0600, Date:5/26/2016</small>	
Date: 5/26/2016					
Printed name of Authorized Officer: Remi Sun					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 406-783-2358					
Study Area Code of Reporting Carrier	482247		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Mike Sheard**

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

Date: **5/16/2016**

Printed name of Authorized Officer: **Mike Sheard**

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

Telephone number of Authorized Officer: **406-937-9661**

Study Area Code of Reporting Carrier

482248

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PROJECT TEL CO

Signature of Authorized Officer: Remi Sun

Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=project tel co,l=Scobey MT 59263-0600, Date:5/26/2016

Date: 5/26/2016

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 406-783-2358

Study Area Code of Reporting Carrier

482250

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **RANGE TEL COOP-MT**

Signature of Authorized Officer: **Shannon Butler**

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

Date: **5/24/2016**

Printed name of Authorized Officer: **Shannon Butler**

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

Telephone number of Authorized Officer: **406-347-2859**

Study Area Code of Reporting Carrier

482251

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SOUTHERN MONTANA TEL					
Signature of Authorized Officer: Larry Mason				Digitally signed by Larry Mason DN:cn=Larry Mason,email=L.Mason@SMTel.com,O=southern montana tel,l=Wisdom MT 59761, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer: Larry Mason					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 406-689-3333					
Study Area Code of Reporting Carrier	482254		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **3-RIVERS TEL COOP**

Signature of Authorized Officer: **Bradley Veis**

Digitally signed by Bradley Veis DN:cn=Bradley Veis,email=brad.veis@3rivers.coop,O=3-rivers tel coop,l=Fairfield MT 59436-0429, Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer: **Bradley Veis**

Title or position of Authorized Officer: **Director of Finance/CFO**

Telephone number of Authorized Officer: **406-467-4405**

Study Area Code of Reporting Carrier

482255

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Gail Rainey**

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

Date: **5/17/2016**

Printed name of Authorized Officer: **Gail Rainey**

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

Telephone number of Authorized Officer: **406-394-7807**

Study Area Code of Reporting Carrier

482257

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BLACKFOOT TEL - CFT**

Signature of Authorized Officer: **Stacey Mueller**

Digitally signed by Stacey Mueller DN:cn=Stacey Mueller,email=smueller@blackfoot.com,O=blackfoot tel - cft,l= , Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Stacey Mueller**

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

Telephone number of Authorized Officer: **406-541-5424**

Study Area Code of Reporting Carrier

483308

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

6/16/2016

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **TRIANGLE-CMC**

Signature of Authorized Officer: **Gail Rainey**

Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=grainey@itstriangle.net,O=triangle-cmc,I=Havre MT 59501, Date:5/17/2016

Date: **5/17/2016**

Printed name of Authorized Officer: **Gail Rainey**

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

Telephone number of Authorized Officer: **406-394-7807**

Study Area Code of Reporting Carrier

483310

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MESCALERO APACHE					
Signature of Authorized Officer: Godfrey Enjady				Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache,I=Mescalero NM 88340, Date:5/25/2016	
Date: 5/25/2016					
Printed name of Authorized Officer: Godfrey Enjady					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 505-795-5555					
Study Area Code of Reporting Carrier	491231		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DELL TEL CO-OP - NM					
Signature of Authorized Officer: Marcy Guillen				<small>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@dellcity.com,O=dell tel co-op - nm,l= , Date:5/19/2016</small> Date: 5/19/2016	
Printed name of Authorized Officer: Marcy Guillen					
Title or position of Authorized Officer: Office Manager					
Telephone number of Authorized Officer: 915-964-2352					
Study Area Code of Reporting Carrier	492066		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VALLEY TEL COOP - NM					
Signature of Authorized Officer: Steven Metts				<small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop - nm,l=Willcox AZ 85644, Date:5/17/2016</small> Date: 5/17/2016	
Printed name of Authorized Officer: Steven Metts					
Title or position of Authorized Officer: CEO / General Manager					
Telephone number of Authorized Officer: 520-384-2231					
Study Area Code of Reporting Carrier	492176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Peggy Briesh**

Digitally signed by Peggy Briesh DN:cn=Peggy Briesh,email=bvtpb@bacavalley.com,O=baca valley tel co,l=Des Moines NM 88418-0067, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer: **Peggy Briesh**

Title or position of Authorized Officer: **Assistant Manager**

Telephone number of Authorized Officer: **575-278-2101**

Study Area Code of Reporting Carrier

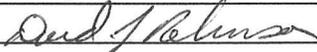
492259

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.

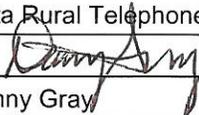
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: ENMR Telephone Cooperative			
Signature of Authorized Officer: 			Date: 5-23-2016
Printed name of Authorized Officer: David J. Robinson			
Title or position of Authorized Officer: Chief Financial Officer/Assistant CEO			
Telephone number of Authorized Officer: (575) 389-5100 ext.			
Study Area Code of Reporting Carrier	492262	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier 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 , ext.			
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.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Leaco Rural Telephone Cooperative, Inc.</u>			
Signature of Authorized Officer <u>Dale Snider</u>			Date <u>05/26/16</u>
Printed name of Authorized Officer <u>Dale Snider</u>			
Title or position of Authorized Officer <u>CEO</u>			
Telephone number of Authorized Officer: <u>(575) 399-8225, ext. [REDACTED]</u>			
Study Area Code of Reporting Carrier	<u>492264</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: Tularosa Basin Tel.					
Signature of Authorized Officer: Joshua Beug				<small>Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbc.net,O=tularosa basin tel.,l= , Date:5/26/2016</small> Date: 5/26/2016	
Printed name of Authorized Officer: Joshua Beug					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 575-585-0125					
Study Area Code of Reporting Carrier	492265		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WESTERN NEW MEXICO**

Signature of Authorized Officer: **John Francis**

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

Date: **5/26/2016**

Printed name of Authorized Officer: **John Francis**

Title or position of Authorized Officer: **Exec. Vice President**

Telephone number of Authorized Officer: **575-535-2230**

Study Area Code of Reporting Carrier

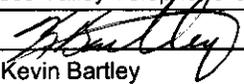
492268

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

6/16/2016

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Penasco Valley Telephone Cooperative, Inc			
Signature of Authorized Officer: 			Date: 5/26/16
Printed name of Authorized Officer: Kevin Bartley			
Title or position of Authorized Officer: Chief Financial Officer			
Telephone number of Authorized Officer: (575) 748-1241 ext.			
Study Area Code of Reporting Carrier	492270	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ROOSEVELT CNTY RURAL					
Signature of Authorized Officer: Cecile Archibeque				<small>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</small> Date: 5/17/2016	
Printed name of Authorized Officer: Cecile Archibeque					
Title or position of Authorized Officer: General Manager/EO					
Telephone number of Authorized Officer: 575-226-2255					
Study Area Code of Reporting Carrier	492272		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Sacred Wind Communications, Inc.**

Signature of Authorized Officer *John W. Badal* Date **May 26, 2016**

Printed name of Authorized Officer **John W. Badal**

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

Telephone number of Authorized Officer: **(505) 908-2670** ext. _____

Study Area Code of Reporting Carrier	493403	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **DIRECTCOMM-CEDAR VAL**

Signature of Authorized Officer: **Kip Wilson**

Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=directcomm-cedar val,l=Rockland ID 83271, Date:5/17/2016

Date: **5/17/2016**

Printed name of Authorized Officer: **Kip Wilson**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **208-548-2345**

Study Area Code of Reporting Carrier

500758

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CENTRAL UTAH TEL INC					
Signature of Authorized Officer: Mike Plows				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc,l= , Date:5/23/2016</small>	
Date: 5/23/2016					
Printed name of Authorized Officer: Mike Plows					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 425-275-1013					
Study Area Code of Reporting Carrier	502277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **GUNNISON TEL CO**

Signature of Authorized Officer: **Natalie Gleave**

Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel co,l=Gunnison UT 84634, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer: **Natalie Gleave**

Title or position of Authorized Officer: **Controller/Director**

Telephone number of Authorized Officer: **435-528-7236**

Study Area Code of Reporting Carrier

502279

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: MANTI TEL CO

Signature of Authorized Officer: Dallas Cox

Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti tel co,l= , Date:5/16/2016

Date: 5/16/2016

Printed name of Authorized Officer: Dallas Cox

Title or position of Authorized Officer: Vice President and General Manager

Telephone number of Authorized Officer: 435-835-3391

Study Area Code of Reporting Carrier

502282

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SKYLINE TELECOM					
Signature of Authorized Officer: Mike Plows				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,l=, Date:5/23/2016</small> Date: 5/23/2016	
Printed name of Authorized Officer: Mike Plows					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 425-275-1013					
Study Area Code of Reporting Carrier	502283		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BEEHIVE TEL CO - UT					
Signature of Authorized Officer: Jacob Warner				<small>Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive tel co - ut, Date:5/18/2016</small> Date: 5/18/2016	
Printed name of Authorized Officer: Jacob Warner					
Title or position of Authorized Officer: President/General Manager					
Telephone number of Authorized Officer: 435-837-6000					
Study Area Code of Reporting Carrier	502284		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SOUTH CENTRAL UTAH**

Signature of Authorized Officer: **Michael East**

Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah,lc=US, Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer: **Michael East**

Title or position of Authorized Officer: **President/CEO**

Telephone number of Authorized Officer: **435-826-4211**

Study Area Code of Reporting Carrier

502286

Filing Due Date for this form (mm/dd/yyyy)

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **UBTA-UBET/STRATA**

Signature of Authorized Officer: **Karl Searle**

Digitally signed by Karl Searle DN:cn=Karl Searle,email=ksearle@stratanetworks.com,O=ubta-ubet/s trata,I=Roosevelt UT 84066, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer: **Karl Searle**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **435-622-5472**

Study Area Code of Reporting Carrier

502287

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: ALL WEST COMM-UT

Signature of Authorized Officer: Jenny Prescott

Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,l=Kamas UT 84036, Date:5/23/2016

Date: 5/23/2016

Printed name of Authorized Officer: Jenny Prescott

Title or position of Authorized Officer: VP Customer Service & Finance

Telephone number of Authorized Officer: 435-783-4913

Study Area Code of Reporting Carrier

502288

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BEAR LAKE COMM					
Signature of Authorized Officer: Mike Plows				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake comm,lc=, Date:5/23/2016</small> Date: 5/23/2016	
Printed name of Authorized Officer: Mike Plows					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 425-275-1013					
Study Area Code of Reporting Carrier	503032		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **RANGE TEL COOP - WY**

Signature of Authorized Officer: **Shannon Butler**

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

Date: **5/24/2016**

Printed name of Authorized Officer: **Shannon Butler**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **406-347-2859**

Study Area Code of Reporting Carrier

512251

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CHUGWATER TEL CO					
Signature of Authorized Officer: James Moberly				Digitally signed by James Moberly DN:cn=James Moberly,email=jmoberly@mwtcorp.net,O=chugwater tel co,l=Chugwater WY 82210, Date:5/24/2016	
Date: 5/24/2016					
Printed name of Authorized Officer: James Moberly					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 307-422-3535					
Study Area Code of Reporting Carrier	512289		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: ALL WEST COMM.-WY

Signature of Authorized Officer: Jenny Prescott

Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm.-wy,l=Kamas UT 84036, Date:5/23/2016

Date: 5/23/2016

Printed name of Authorized Officer: Jenny Prescott

Title or position of Authorized Officer: VP Customer Service & Finance

Telephone number of Authorized Officer: 435-783-4913

Study Area Code of Reporting Carrier

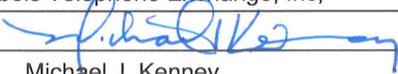
512290

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier 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 <small>(mm/dd/yyyy)</small>	6/16/2016
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SILVER STAR TEL-WY					
Signature of Authorized Officer: Jefferson England				<small>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</small>	
Date: 5/19/2016					
Printed name of Authorized Officer: Jefferson England					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 307-883-6675					
Study Area Code of Reporting Carrier	512295		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **WESTGATE dba WEA/TEL**

Signature of Authorized Officer: **Richard Weaver**

Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=rick@weavnet.com,O=westgate dba weavtel,l=Chelan WA 98816, Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer: **Richard Weaver**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **509-682-5556**

Study Area Code of Reporting Carrier

520580

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SKYLINE TELECOM CO.**

Signature of Authorized Officer: **Delinda Kluser**

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=skyline telecom co.,l=Mt. Vernon OR 97865-0609, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Delinda Kluser**

Title or position of Authorized Officer: **Vice President, Manager**

Telephone number of Authorized Officer: **541-932-4411**

Study Area Code of Reporting Carrier

520581

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: HAT ISLAND TEL CO

Signature of Authorized Officer: Frank McIntyre

Digitally signed by Frank McIntyre DN:cn=Frank McIntyre,email=frank.mcintyre@whidbeytel.com,O=hat island tel co,l= , Date:5/18/2016

Date: 5/18/2016

Printed name of Authorized Officer: Frank McIntyre

Title or position of Authorized Officer: Controller

Telephone number of Authorized Officer: 360-321-0088

Study Area Code of Reporting Carrier

522417

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.

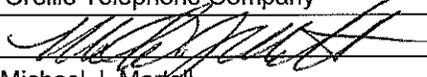
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Pend Oreille Telephone Company**

Signature of Authorized Officer



Date **05/23/2016**

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
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HOOD CANAL TEL CO					
Signature of Authorized Officer: Richard Buechel				<small>Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal tel co,l=Union WA 98592, Date:5/18/2016</small>	
Date: 5/18/2016					
Printed name of Authorized Officer: Richard Buechel					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 360-898-2481					
Study Area Code of Reporting Carrier	522419		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: INLAND TEL CO -WA					
Signature of Authorized Officer: James Brooks				<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>	
Date: 5/20/2016					
Printed name of Authorized Officer: James Brooks					
Title or position of Authorized Officer: Treasurer/Controller/Reg. Manager					
Telephone number of Authorized Officer: 509-649-2211					
Study Area Code of Reporting Carrier	522423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **KALAMA TEL CO**

Signature of Authorized Officer: **Rick Vitzthum**

Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama tel co,l=Tenino WA 98589, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer: **Rick Vitzthum**

Title or position of Authorized Officer: **Chief Financial Officer**

Telephone number of Authorized Officer: **360-264-3155**

Study Area Code of Reporting Carrier

522426

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **MASHELL TELECOM INC**

Signature of Authorized Officer: **Brian Haynes**

Digitally signed by Brian Haynes DN:cn=Brian Haynes,email=brian.haynes@rainierconnect.net,O=mashe ll telecom inc,l=Eatonville WA 98328, Date:5/24/2016

Date: **5/24/2016**

Printed name of Authorized Officer: **Brian Haynes**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **360-892-4130**

Study Area Code of Reporting Carrier

522431

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Pioneer Telephone Company**

Signature of Authorized Officer

Date **5/19/2016**

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
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ST. JOHN TEL.**

Signature of Authorized Officer: **Eric Trump**

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

Date: **5/19/2016**

Printed name of Authorized Officer: **Eric Trump**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **509-648-3322**

Study Area Code of Reporting Carrier

522442

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TENINO TELEPHONE CO					
Signature of Authorized Officer: Rick Vitzthum				Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino telephone co,l=Tenino WA 98589, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer: Rick Vitzthum					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 360-264-3155					
Study Area Code of Reporting Carrier	522446		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **TOLEDO TELEPHONE CO**

Signature of Authorized Officer: **Philip Cappalonga**

Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co, Inc., Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Philip Cappalonga**

Title or position of Authorized Officer: **Chief Financial Officer**

Telephone number of Authorized Officer: **360-864-2004**

Study Area Code of Reporting Carrier

522447

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				WESTERN WAHAKIYAKUM COUNTY TELEPHONE COMPANY	
Signature of Authorized Officer			Date		
<i>Steven M. Appelo</i>			05/25/2016		
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WHIDBEY TEL CO.					
Signature of Authorized Officer: Frank McIntyre				<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> Date: 5/18/2016	
Printed name of Authorized Officer: Frank McIntyre					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 360-321-0088					
Study Area Code of Reporting Carrier	522452		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BEAVER CREEK COOP**

Signature of Authorized Officer: **Paul Hauer**

Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=beaver creek coop,i=Mt. Angel OR 97362, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Paul Hauer**

Title or position of Authorized Officer: **CEO/President**

Telephone number of Authorized Officer: **503-845-4433**

Study Area Code of Reporting Carrier

532359

Filing Due Date for this form
(mm/dd/yyyy)

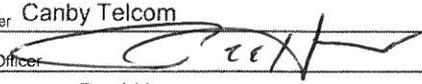
6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Canby Telcom	
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 ext.	
Study Area Code of Reporting Carrier		532362	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CLEAR CREEK MUTUAL					
Signature of Authorized Officer: Mitchell Moore				<small>Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual, Date:5/20/2016</small>	
Date: 5/20/2016					
Printed name of Authorized Officer: Mitchell Moore					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 503-631-2101					
Study Area Code of Reporting Carrier	532363		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: COLTON TEL CO					
Signature of Authorized Officer: Steve Krogue				<small>Digitally signed by Steve Krogue DN:cn=Steve Krogue,email=steve@coltonel.com,O=colton tel co,l=Colton OR 97017-0068, Date:5/26/2016</small> Date: 5/26/2016	
Printed name of Authorized Officer: Steve Krogue					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 503-824-3211					
Study Area Code of Reporting Carrier	532364		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: EAGLE TEL SYSTEMS					
Signature of Authorized Officer: Mike Lattin				<small>Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle tel systems,I=Richland OR 97870, Date:5/25/2016</small>	
Date: 5/25/2016					
Printed name of Authorized Officer: Mike Lattin					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 541-893-6111					
Study Area Code of Reporting Carrier	532369		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CASCADE UTIL INC**

Signature of Authorized Officer: **Brooke Wheeler**

Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade util inc,l=Estacada OR 97023, Date:5/27/2016

Date: **5/27/2016**

Printed name of Authorized Officer: **Brooke Wheeler**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **503-630-8952**

Study Area Code of Reporting Carrier

532371

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **GERVAIS-DATAVISION**

Signature of Authorized Officer: **Renee Willer**

Digitally signed by Renee Willer DN:cn=Renee Willer,email=rwiller@datavision.coop,O=gervais-datavision,serial=Gervais OR 97026, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Renee Willer**

Title or position of Authorized Officer: **President/CEO**

Telephone number of Authorized Officer: **503-792-3611**

Study Area Code of Reporting Carrier

532373

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				ROOME TELECOMMUNICATIONS INC	
Signature of Authorized Officer				Date	
Printed name of Authorized Officer		RANDAL L ROOME			
Title or position of Authorized Officer		PRESIDENT			
Telephone number of Authorized Officer:		(541) 369-2211 ext.			
Study Area Code of Reporting Carrier	532375	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HELIX TEL CO.					
Signature of Authorized Officer: James Smith				Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix tel co.,l=Helix OR 97385, Date:5/25/2016	
Date: 5/25/2016					
Printed name of Authorized Officer: James Smith					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 541-457-2385					
Study Area Code of Reporting Carrier	532376		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: HOME TELEPHONE CO

Signature of Authorized Officer: Delinda Kluser

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

Date: 5/25/2016

Printed name of Authorized Officer: Delinda Kluser

Title or position of Authorized Officer: Vice President, Manager

Telephone number of Authorized Officer: 541-932-4411

Study Area Code of Reporting Carrier

532377

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TRANS-CASCADES TEL					
Signature of Authorized Officer: Brooke Wheeler				Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=trans-cascades tel,l=Estacada OR 97023, Date:5/27/2016	
Date: 5/27/2016					
Printed name of Authorized Officer: Brooke Wheeler					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 503-630-8952					
Study Area Code of Reporting Carrier	532378		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.					

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Molalla Telephone Company**

Signature of authorized officer 

Date **5-24-2016**

Printed name of authorized officer **Terry Simms**

Title or position of authorized officer **VP/CFO**

Telephone number of authorized officer: **(503) 829-1122**, ext.

Study Area Code of Reporting Carrier **532383**

Filing Due Date for this form
(mm/dd/yyyy)

07/01/2016

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MONITOR COOP TEL					
Signature of Authorized Officer: Geri Fraijo				<small>Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor coop tel,lc=US, Date:5/27/2016</small>	
Date: 5/27/2016					
Printed name of Authorized Officer: Geri Fraijo					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 503-634-2266					
Study Area Code of Reporting Carrier	532384		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **MONROE TELEPHONE CO.**

Signature of Authorized Officer: **Donna Dillard**

Digitally signed by Donna Dillard DN:cn=Donna Dillard,email=NECAaffairs@monroetel.com,O=monroe telephone co.,l=Monroe OR 97456, Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer: **Donna Dillard**

Title or position of Authorized Officer: **Secretary - Treasurer**

Telephone number of Authorized Officer: **541-847-5135**

Study Area Code of Reporting Carrier

532385

Filing Due Date for this form (mm/dd/yyyy)

6/16/2016

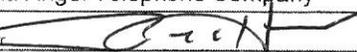
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

532386

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Mt. Angel 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 ext.						
Study Area Code of Reporting Carrier		532386		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Nehalem Telecommunications Inc.**

Signature of Authorized Officer



Date **05/23/2016**

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 **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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **NORTH STATE TEL CO.**

Signature of Authorized Officer: **Delinda Kluser**

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=north state tel co.,l=Mt. Vernon OR 97865-0609, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Delinda Kluser**

Title or position of Authorized Officer: **Vice President, Manager**

Telephone number of Authorized Officer: **541-932-4411**

Study Area Code of Reporting Carrier

532388

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: OREGON TEL CORP

Signature of Authorized Officer: Delinda Kluser

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp,I=Mt. Vernon OR 97865-0609, Date:5/25/2016

Date: 5/25/2016

Printed name of Authorized Officer: Delinda Kluser

Title or position of Authorized Officer: Vice President, Manager

Telephone number of Authorized Officer: 541-932-4411

Study Area Code of Reporting Carrier

532389

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: OREGON-IDAHO UTIL.

Signature of Authorized Officer: Justin Perez

Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho util.,l=Nampa ID 83653, Date:5/26/2016

Date: 5/26/2016

Printed name of Authorized Officer: Justin Perez

Title or position of Authorized Officer: Controller / Corporate Secretary

Telephone number of Authorized Officer: 208-461-7802

Study Area Code of Reporting Carrier

532390

Filing Due Date for this form (mm/dd/yyyy)

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PEOPLES TEL CO. - OR**

Signature of Authorized Officer: **Curt Thornton**

Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=peoples tel co. - or,l=Stayton OR 97383, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Curt Thornton**

Title or position of Authorized Officer: **President/CEO**

Telephone number of Authorized Officer: **503-769-2121**

Study Area Code of Reporting Carrier

532391

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PINE TEL SYSTEM INC.**

Signature of Authorized Officer: **Delinda Kluser**

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

Date: **5/25/2016**

Printed name of Authorized Officer: **Delinda Kluser**

Title or position of Authorized Officer: **Vice President, Manager**

Telephone number of Authorized Officer: **541-932-4411**

Study Area Code of Reporting Carrier

532392

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PIONEER TEL COOP**

Signature of Authorized Officer: **Michael Whalen**

Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneer.net,O=pioneer tel coop,i=Philomath OR 97370-0631, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **Michael Whalen**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **541-929-8256**

Study Area Code of Reporting Carrier

532393

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ST PAUL COOP ASSN**

Signature of Authorized Officer: **Nick Schneider**

Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st paul coop assn,I=St. Paul OR 97137, Date:5/24/2016

Date: **5/24/2016**

Printed name of Authorized Officer: **Nick Schneider**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **503-633-2111**

Study Area Code of Reporting Carrier

532396

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SCIO MUTUAL TEL ASSN					
Signature of Authorized Officer: Thomas Barth				<small>Digitally signed by Thomas Barth DN: cn=Thomas Barth, email=tbarth@smt-net.com, O=scio mutual tel assn, I=Scio OR 97374, Date: 5/19/2016</small>	
Date: 5/19/2016					
Printed name of Authorized Officer: Thomas Barth					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 503-394-3366					
Study Area Code of Reporting Carrier	532397		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: STAYTON COOP TEL CO					
Signature of Authorized Officer: Curt Thornton				<small>Digitally signed by Curt Thornton DN:cn=Curt Thornton,email=curtt@wvi.com,O=stayton coop tel co,l=Stayton OR 97383, Date:5/25/2016</small>	
Date: 5/25/2016					
Printed name of Authorized Officer: Curt Thornton					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 503-769-2121					
Study Area Code of Reporting Carrier	532399		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: OREGON TEL CORP-MTE

Signature of Authorized Officer: Delinda Kluser

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte,l=Mt. Vernon OR 97865-0609, Date:5/25/2016

Date: 5/25/2016

Printed name of Authorized Officer: Delinda Kluser

Title or position of Authorized Officer: Vice President, Manager

Telephone number of Authorized Officer: 541-932-4411

Study Area Code of Reporting Carrier

533336

Filing Due Date for this form (mm/dd/yyyy)

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: CALAVERAS TEL CO

Signature of Authorized Officer: **Rose Cullen**

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

Date: 5/27/2016

Printed name of Authorized Officer: Rose Cullen

Title or position of Authorized Officer: Controller

Telephone number of Authorized Officer: 209-785-2211

Study Area Code of Reporting Carrier

542301

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CAL-ORE TELEPHONE CO**

Signature of Authorized Officer: **Waihun Yee**

Digitally signed by Waihun Yee DN:cn=Waihun Yee,email=waihun@calore.net,O=cal-ore telephone co,l=Dorris CA 96023-0847, Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer: **Waihun Yee**

Title or position of Authorized Officer: **Controller**

Telephone number of Authorized Officer: **530-397-2211**

Study Area Code of Reporting Carrier

542311

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier DUCOR TELEPHONE COMPANY				
Signature of Authorized Officer <i>Carol Rodriguez</i>			Date May 19, 2016	
Printed name of Authorized Officer Carol Rodriguez				
Title or position of Authorized Officer Secretary				
Telephone number of Authorized Officer: (661) 834-7700 ext.				
Study Area Code of Reporting Carrier	542313		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Foresthill Telephone Co (dba Sebastian)			
Signature of Authorized Officer 			Date 5/19/16
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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier Kerman Telephone Co (dba Sebastian)</p>			
<p>Signature of Authorized Officer <i>Rhonda Armstrong</i></p>			<p>Date 5/19/16</p>
<p>Printed name of Authorized Officer Rhonda Armstrong</p>			
<p>Title or position of Authorized Officer Vice-President - Operations</p>			
<p>Telephone number of Authorized Officer: (559) 846-7780, ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p>542324</p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier The Ponderosa Telephone Co.					
Signature of Authorized Officer <i>Kristann S. 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.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Siskiyou Telephone Company			
Signature of Authorized Officer <i>James T. Lowers</i>			Date 05/26/2016
Printed name of Authorized Officer James T. Lowers			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (530) 467-6000 , ext.			
Study Area Code of Reporting Carrier	542339	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: VOLCANO TEL CO

Signature of Authorized Officer: **Brenda Shepard**

Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano tel co,l= , Date:5/27/2016

Date: 5/27/2016

Printed name of Authorized Officer: Brenda Shepard

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 209-296-1447

Study Area Code of Reporting Carrier

542343

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PINNACLES TEL CO**

Signature of Authorized Officer: **Steven Bryan**

Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles tel co, Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer: **Steven Bryan**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **831-389-4500**

Study Area Code of Reporting Carrier

542346

Filing Due Date for this form (mm/dd/yyyy)

6/16/2016

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FILER MUTUAL TEL -NV**

Signature of Authorized Officer: **Steve Cowger**

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

Date: **5/18/2016**

Printed name of Authorized Officer: **Steve Cowger**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **208-326-4339**

Study Area Code of Reporting Carrier

552220

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2016

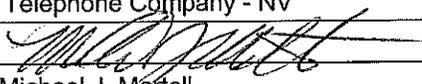
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Rural Telephone Company - NV**

Signature of Authorized Officer  Date **05/23/2016**

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.

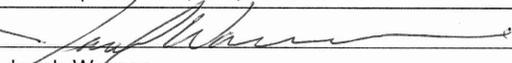
Study Area Code of Reporting Carrier	552233	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CHURCHILL-CC COMM.**

Signature of Authorized Officer: **Mark Feest**

Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@cccomm.co,O=churchill-cc comm.,l=Fallon NV 89407, Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer: **Mark Feest**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **775-423-7654**

Study Area Code of Reporting Carrier

552349

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LINCOLN CTY TEL SYS					
Signature of Authorized Officer: John Christian, III				<small>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys,I=Pluche NV 89043, Date:5/16/2016</small>	
Date: 5/16/2016					
Printed name of Authorized Officer: John Christian, III					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 775-962-5131					
Study Area Code of Reporting Carrier	552351		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MOAPA VALLEY TEL CO.					
Signature of Authorized Officer: John Lyon				Digitally signed by John Lyon DN:cn=John Lyon,email=john@mvtel.com,O=moapa valley tel co.,l=Overton NV 89040-0365, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer: John Lyon					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 702-397-2225					
Study Area Code of Reporting Carrier	552353		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: RIO VIRGIN TEL CO					
Signature of Authorized Officer: Brooke Wheeler				<small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin tel co,l=Estacada OR 97023, Date:5/27/2016</small>	
Date: 5/27/2016					
Printed name of Authorized Officer: Brooke Wheeler					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 503-630-8952					
Study Area Code of Reporting Carrier	552356		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HUMBOLDT TEL CO					
Signature of Authorized Officer: Justin Perez				<small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt tel co,l=Nampa ID 83653, Date:5/26/2016</small> Date: 5/26/2016	
Printed name of Authorized Officer: Justin Perez					
Title or position of Authorized Officer: Controller / Corporate Secretary					
Telephone number of Authorized Officer: 208-461-7802					
Study Area Code of Reporting Carrier	553304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ADAK TEL UTILITY**

Signature of Authorized Officer: **Andilea Weaver**

Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaku.net,O=adak tel utility, Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer: **Andilea Weaver**

Title or position of Authorized Officer: **Vice President/COO**

Telephone number of Authorized Officer: **907-222-0844**

Study Area Code of Reporting Carrier

610989

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ARCTIC SLOPE TEL					
Signature of Authorized Officer: Clover McNeil				<small>Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel,= , Date:5/17/2016</small>	
Date: 5/17/2016					
Printed name of Authorized Officer: Clover McNeil					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 907-564-2680					
Study Area Code of Reporting Carrier	613001		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BETTLES TEL CO INC					
Signature of Authorized Officer: Michael Garrett				<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> Date: 5/17/2016	
Printed name of Authorized Officer: Michael Garrett					
Title or position of Authorized Officer: COO - Executive VP					
Telephone number of Authorized Officer: 360-385-1733					
Study Area Code of Reporting Carrier	613002		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BRISTOL BAY TEL COOP					
Signature of Authorized Officer: Todd Hoppe				<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: 5/18/2016	
Printed name of Authorized Officer: Todd Hoppe					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 907-246-3403					
Study Area Code of Reporting Carrier	613003		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BUSH-TEL INC.**

Signature of Authorized Officer: **W. DeVore**

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

Date: **5/18/2016**

Printed name of Authorized Officer: **W. DeVore**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **907-675-4311**

Study Area Code of Reporting Carrier

613004

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CIRCLE TEL & ELEC**

Signature of Authorized Officer: **David Masephol**

Digitally signed by David Masephol DN:cn=David Masephol,email=damasephol@gmail.com,O=circle tel & elec,l=Circle AK 99733, Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer: **David Masephol**

Title or position of Authorized Officer: **Member Owner**

Telephone number of Authorized Officer: **907-773-5500**

Study Area Code of Reporting Carrier

613005

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **COPPER VALLEY TEL**

Signature of Authorized Officer: **Pamla Murphy**

Digitally signed by Pamla Murphy DN:cn=Pamla Murphy,email=pmurphy@cvtc.org,O=copper valley tel,l=Valdez AK 99686, Date:5/27/2016

Date: **5/27/2016**

Printed name of Authorized Officer: **Pamla Murphy**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **907-835-2231**

Study Area Code of Reporting Carrier

613006

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: INTERIOR TEL CO INC					
Signature of Authorized Officer: Brett Carter				<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>	
Date: 5/26/2016					
Printed name of Authorized Officer: Brett Carter					
Title or position of Authorized Officer: VP/Controller					
Telephone number of Authorized Officer: 907-563-2003					
Study Area Code of Reporting Carrier	613011		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: KETCHIKAN PUBLIC UT					
Signature of Authorized Officer: Dan Lindgren				<small>Digitally signed by Dan Lindgren DN:cn=Dan Lindgren,email=dan@city.ketchikan.ak.us,O=ketchikan public ut,l= , Date:5/19/2016</small>	
Date: 5/19/2016					
Printed name of Authorized Officer: Dan Lindgren					
Title or position of Authorized Officer: Assistant KPU Telecommunications Manager					
Telephone number of Authorized Officer: 907-228-5439					
Study Area Code of Reporting Carrier	613013		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MUKLUK TEL CO INC					
Signature of Authorized Officer: Brett Carter				<small>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=mukluk tel co inc,l= , Date:5/26/2016</small>	
Date: 5/26/2016					
Printed name of Authorized Officer: Brett Carter					
Title or position of Authorized Officer: VP/Controller					
Telephone number of Authorized Officer: 907-563-2003					
Study Area Code of Reporting Carrier	613016		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: ALASKA TEL CO

Signature of Authorized Officer: Michael Garrett

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

Date: 5/17/2016

Printed name of Authorized Officer: Michael Garrett

Title or position of Authorized Officer: COO - Executive VP

Telephone number of Authorized Officer: 360-385-1733

Study Area Code of Reporting Carrier

613017

Filing Due Date for this form (mm/dd/yyyy)

6/16/2016

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.

613018

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier 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
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **OTZ TEL COOPERATIVE**

Signature of Authorized Officer: **Doug Neal**

Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz tel cooperative,l=Kotzebue AK 99752, Date:5/27/2016

Date: **5/27/2016**

Printed name of Authorized Officer: **Doug Neal**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **907-442-1000**

Study Area Code of Reporting Carrier

613019

Filing Due Date for this form (mm/dd/yyyy)

6/16/2016

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Yukon Telephone 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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **NORTH COUNTRY TEL CO**

Signature of Authorized Officer: **Michael Garrett**

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

Date: **5/17/2016**

Printed name of Authorized Officer: **Michael Garrett**

Title or position of Authorized Officer: **COO - Executive VP**

Telephone number of Authorized Officer: **360-385-1733**

Study Area Code of Reporting Carrier

613026

Filing Due Date for this form
(mm/dd/yyyy)

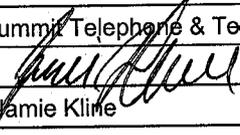
6/16/2016

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.

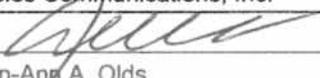
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				The Summit Telephone & 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			
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>											

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier			
<p>I certify that (Name of Agent) <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association, Inc. (NECA)</u>			
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>Janeen-Ann A. Olds</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>(808) 524-8400 ext.</u>			
Study Area Code of Reporting Carrier	<u>623021</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>			

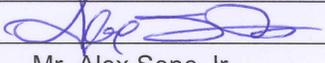
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: TELEGUAM HOLDINGS					
Signature of Authorized Officer: John Brady				<small>Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,lf= , Date:5/16/2016</small> Date: 5/16/2016	
Printed name of Authorized Officer: John Brady					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 671-644-0013					
Study Area Code of Reporting Carrier	663800		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier 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.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				See Attached List	
Signature of Authorized Officer			<i>M. Michael T. Skrivan</i>		Date
Printed name of Authorized Officer			Michael T. Skrivan		
Title or position of Authorized Officer			VP, Regulatory		
Telephone number of Authorized Officer: (207) 535-4150, ext.					
Study Area Code of Reporting Carrier	see attached list	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		
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 as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		See TDS Telecom ILEC Listing Below		
Signature of Authorized Officer		Date 05/20/2016		
		<i>Kevin G. Hess</i>		
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