

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

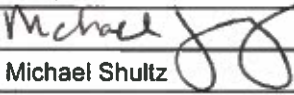
Name of Reporting Carrier					Consolidated Communications of Iowa Company	
Signature of Authorized Officer				Date		
Michael Shultz				06/16/16		
Printed name of Authorized Officer					Michael Shultz	
Title or position of Authorized Officer					Vice President, Regulatory and Legislative Affairs	
Telephone number of Authorized Officer					(936) 788-7414 ext.	
Study Area Code of Reporting Carrier		351096		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Consolidated Communications of Iowa Company	
Signature of authorized officer				Date	06/16/16
Printed name of authorized officer		Michael Shultz			
Title or position of authorized officer		Vice President, Regulatory and Legislative Affairs			
Telephone number of authorized officer		(936) 788-7414			
Study Area Code of Reporting Carrier	351096	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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Signature of authorized officer			Date		06/16/16
Printed name of authorized officer			Michael Shultz		
Title or position of authorized officer			Vice President, Regulatory and Legislative Affairs		
Telephone number of authorized officer:			(936) 788-7414		
Study Area Code of Reporting Carrier		351096	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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