

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Atlantic Telephone Membership Corporation**

Signature of Authorized Officer



Date  
June 10, 2016

Printed name of Authorized Officer                      M. O'Neal Miller, Jr.

Title or position of Authorized Officer                      Chief Executive Officer

Telephone number or Authorized Officer.                      ( 910 ) 755 1603 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**230468**

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

**06/16/2016**

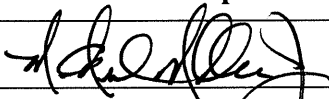
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**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, the 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 **Atlantic Telephone Membership Corporation**

Signature of Authorized Officer



Date  
June 10, 2016

Printed name of Authorized Officer

M. O'Neal Miller, Jr.

Title or position of Authorized Officer

Chief Executive Officer

Telephone number of Authorized Officer.

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Name of Reporting Carrier                      **Atlantic Telephone Membership Corporation**

Signature of Authorized Officer



Date  
June 10, 2016

Printed name of Authorized Officer

M. O'Neal Miller, Jr.

Title or position of Authorized Officer

Chief Executive Officer

Telephone number or Authorized  
Officer.

( 910 ) 755 1603 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

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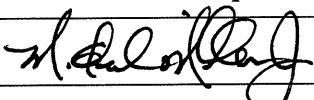
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

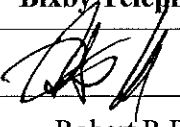
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Name of Reporting Carrier		<b>Atlantic Telephone Membership Corporation</b>	
Signature of Authorized Officer			
		Date June 10, 2016	
Printed name of Authorized Officer		M. O'Neal Miller, Jr.	
Title or position of Authorized Officer		Chief Executive Officer	
Telephone number or Authorized Officer.		( 910 ) 755 1603 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>230468</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
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**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier	<b>Bixby Telephone Company</b>		
Signature of Authorized Officer		Date	<b>6-2-16</b>
Printed name of Authorized Officer	<b>Robert R Rozell</b>		
Title or position of Authorized Officer	<b>President/CEO</b>		
Telephone number of Authorized Officer.	<b>( 918 ) 366-8000 ext. 212</b>		
Study Area Code of Reporting Carrier	<b>431969</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2016</b>
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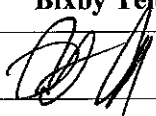
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Bixby Telephone Company**

Signature of Authorized Officer



Date

6-2-16

Printed name of Authorized Officer                      Robert R Rozell

Title or position of Authorized Officer                      President/CEO

Telephone number of Authorized Officer.                      ( 918 ) 366-8000 ext. 212

Study Area Code of Reporting Carrier

**431969**

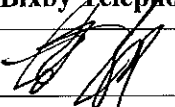
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier	<b>Bixby Telephone Company</b>		
Signature of Authorized Officer		Date	<b>6-2-16</b>
Printed name of Authorized Officer	<b>Robert R Rozell</b>		
Title or position of Authorized Officer	<b>President/CEO</b>		
Telephone number of Authorized Officer.	<b>( 918 ) 366-8000 ext. 212</b>		
Study Area Code of Reporting Carrier	<b>431969</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2016</b>

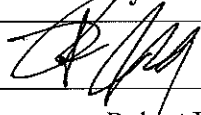
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Name of Reporting Carrier      **Bixby Telephone Company**

Signature of Authorized Officer



Date

*6-2-16*

Printed name of Authorized Officer

Robert R Rozell

Title or position of Authorized Officer

President/CEO

Telephone number or Authorized Officer.

( 918 ) 366-8000 ext. 212

Study Area Code of Reporting Carrier

**431969**

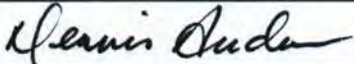
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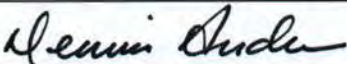
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**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Brindlee Mountain Telephone LLC		
Signature of Authorized Officer		Date	June 8, 2016
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number or Authorized Officer.	(256 ) 586-1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	250283	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.			

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

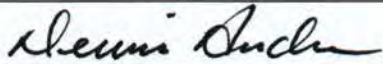
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Name of Reporting Carrier	<b>Brindlee Mountain Telephone LLC</b>		
Signature of Authorized Officer		Date	June 8, 2016
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number or Authorized Officer.	( 256 ) 586 - 1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>250283</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
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Name of Reporting Carrier	Brindlee Mountain Telephone LLC		
Signature of Authorized Officer		Date	June 8, 2016
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number or Authorized Officer.	( 256 ) 586- 1420 ext. _ _ _ _		
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Signature of Authorized Officer		Date	June 8, 2016
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number or Authorized Officer.	( 256 ) 586- 1420 ext. _ _ _ _		
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Chesnee Telephone Company, Inc. d/b/a Chesnee Communications**

Signature of Authorized Officer <i>Hannah A. Lancaster</i>	Date <i>June 03. 2016</i>
Printed name of Authorized Officer                      Hannah A. Lancaster	

Title or position of Authorized Officer                      President

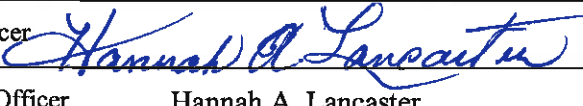
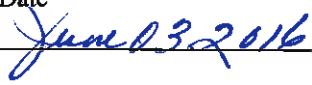

Telephone number of Authorized Officer.                      (864) 461-2211 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier <b>240515</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
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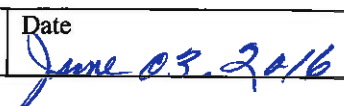
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications		
Signature of Authorized Officer			Date 
Printed name of Authorized Officer	Hannah A. Lancaster		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	(864) 461-2211 ext. _____ ext. _____		
Study Area Code of Reporting Carrier	240515		Filing Due Date for this form (mm/dd/yyyy)
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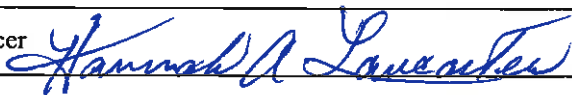
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Name of Reporting Carrier		Chesnee Telephone Company, Inc. d/b/a Chesnee Communications	
Signature of Authorized Officer		Date	
Printed name of Authorized Officer		Hannah A. Lancaster	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.		(864) 461-2211 ext. _____	
Study Area Code of Reporting Carrier	240515	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
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Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications		
Signature of Authorized Officer			Date
Printed name of Authorized Officer	Hannah A. Lancaster		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	(864) 461-2211 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240515		Filing Due Date for this form (mm/dd/yyyy)
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Citizens Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

*6/15/16*

Printed name of Authorized Officer                      J. Kevin Cage

Title or position of Authorized Officer                      Executive Vice President, CFO and Treasurer

Telephone number of Authorized Officer.                      ( 803 ) 326-7626 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**230473**

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

06/16/2016

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Name of Reporting Carrier                      **Citizens Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

*6/15/14*

Printed name of Authorized Officer

J. Kevin Cage

Title or position of Authorized Officer

Executive Vice President, CFO and Treasurer

Telephone number or Authorized  
Officer.

( 803 ) 326-7626 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**230473**

Filing Due Date for this form  
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Name of Reporting Carrier                      **Citizens Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

*6/15/16*

Printed name of Authorized Officer

J, Kevin Cage

Title or position of Authorized Officer

Executive Vice President, CFO and Treasurer

Telephone number of Authorized Officer.

( 803 ) 326-7626 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

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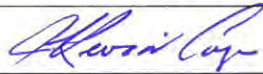


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Name of Reporting Carrier                      **Citizens Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

*6/15/14*

Printed name of Authorized Officer

J. Kevin Cage

Title or position of Authorized Officer

Executive Vice President, CFO and Treasurer

Telephone number or Authorized  
Officer.

( 803 ) 326-7626 ext. \_ \_ \_ \_

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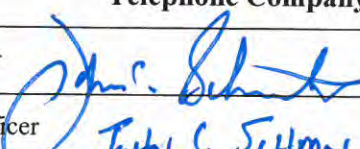
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Name of Reporting Carrier	<b>Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company</b>
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Signature of Authorized Officer		Date	<b>06-13-16</b>
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Printed name of Authorized Officer	<b>JOHN C. SCHMOLOT</b>
------------------------------------	-------------------------

Title or position of Authorized Officer	<b>VICE PRESIDENT</b>
-----------------------------------------	-----------------------

Telephone number or Authorized Officer.	<b>(606) 479 6254</b> ext. <b>----</b>
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Study Area Code of Reporting Carrier	<b>260408</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>	
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Name of Reporting Carrier	<b>Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company</b>
---------------------------	----------------------------------------------------------------------------------

Signature of Authorized Officer		Date	<b>06-13-16</b>
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Printed name of Authorized Officer	<b>JOHN C. SCHMIDT</b>
------------------------------------	------------------------

Title or position of Authorized Officer	<b>VICE PRESIDENT</b>
-----------------------------------------	-----------------------

Telephone number or Authorized Officer.	<b>(606) 479 6254</b> ext. <b>----</b>
-----------------------------------------	----------------------------------------

Study Area Code of Reporting Carrier	<b>260408</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
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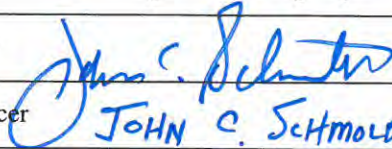
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Gearheart Communications Company, Inc. d/b/a Coalfields  
Telephone Company**

Signature of Authorized Officer



Date

06-13-16

Printed name of Authorized Officer

JOHN C. SCHMOLZ

Title or position of Authorized Officer

VICE PRESIDENT

Telephone number of Authorized Officer.

(606) 479 6254 ext.     

Study Area Code of Reporting Carrier

**260408**

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

06/16/2016

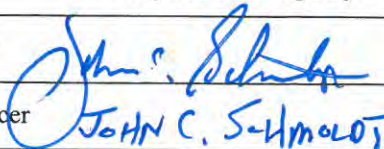
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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	<b>Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company</b>
---------------------------	----------------------------------------------------------------------------------

Signature of Authorized Officer		Date	<b>06-13-16</b>
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Printed name of Authorized Officer	<b>JOHN C. SCHMOLZ</b>
------------------------------------	------------------------

Title or position of Authorized Officer	<b>VICE PRESIDENT</b>
-----------------------------------------	-----------------------

Telephone number or Authorized Officer.	<b>(606) 479 6254</b> ext. _____
-----------------------------------------	----------------------------------

Study Area Code of Reporting Carrier	<b>260408</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
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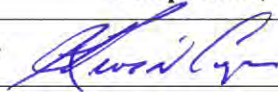
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Comporium, Inc.**

Signature of Authorized Officer



Date

*6/15/16*

Printed name of Authorized Officer                      J. Kevin Cage

Title or position of Authorized Officer                      Executive Vice President, CFO and Treasurer

Telephone number of Authorized Officer.                      ( 803 ) 326-7626 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240542**

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

06/16/2016

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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                      **Comporium, Inc.**

Signature of Authorized Officer



Date

*6/15/14*

Printed name of Authorized Officer                      J. Kevin Cage

Title or position of Authorized Officer                      Executive Vice President, CFO and Treasurer

Telephone number or Authorized  
Officer.

( 803 ) 326-7626 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240542**

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

06/16/2016

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

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

Name of Reporting Carrier                      **Comporium, Inc.**

Signature of Authorized Officer



Date

*6/15/16*

Printed name of Authorized Officer

J. Kevin Cage

Title or position of Authorized Officer

Executive Vice President, CFO and Treasurer

Telephone number of Authorized Officer.

( 803 ) 326-7626 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240542**

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

06/16/2016

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**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, the 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                      **Comporium, Inc.**

Signature of Authorized Officer



Date

*6/15/16*

Printed name of Authorized Officer

J. Kevin Cage

Title or position of Authorized Officer

Executive Vice President, CFO and Treasurer

Telephone number or Authorized  
Officer.

( 803 ) 326-7626 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240542**

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

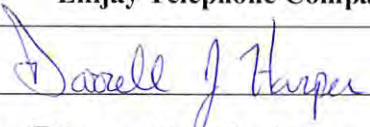
**06/16/2016**

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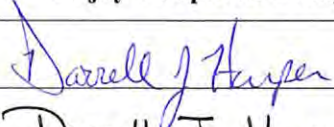
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Ellijay Telephone Company		
Signature of Authorized Officer		Date	June 14, 2016
Printed name of Authorized Officer	Darrell J. Harper		
Title or position of Authorized Officer	Vice President of Admin + Finance		
Telephone number of Authorized Officer.	(706) 276 2271 ext. 5519		
Study Area Code of Reporting Carrier	220360	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.			

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

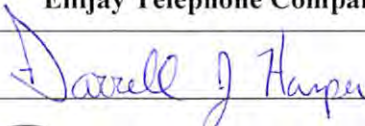
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier	Ellijay Telephone Company		
Signature of Authorized Officer		Date	June 14, 2016
Printed name of Authorized Officer	Darrell J. Harper		
Title or position of Authorized Officer	Vice President of Admin + Finance		
Telephone number or Authorized Officer.	(706) 276 2271 ext. 5519		
Study Area Code of Reporting Carrier	220360	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016

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**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, the 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	Ellijay Telephone Company		
Signature of Authorized Officer		Date	June 14, 2016
Printed name of Authorized Officer	Darrell J. Harper		
Title or position of Authorized Officer	Vice President of Admin. & Finance		
Telephone number or Authorized Officer.	(706) 276 2271 ext. 5519		
Study Area Code of Reporting Carrier	220360	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016

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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      **Ellijay Telephone Company**

Signature of Authorized Officer

*Darrell J. Harper*

Date

*June 14, 2016*

Printed name of Authorized Officer

*Darrell J. Harper*

Title or position of Authorized Officer

*Vice President of Admin + Finance*

Telephone number of Authorized Officer.

*(706) 276 2271 ext. 5519*

Study Area Code of Reporting Carrier

**220360**

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

**06/16/2016**

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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Etex Telephone Cooperative, Inc.**

Signature of Authorized Officer

*Charlie Cano*

Date

*6-3-16*

Printed name of Authorized Officer

Charlie Cano

Title or position of Authorized Officer

CEO / General Manager

Telephone number of Authorized Officer

(903) 797 4357 ext. 1186

Study Area Code of Reporting Carrier

442070

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

06/16/2016

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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                      **Etex Telephone Cooperative, Inc.**

Signature of Authorized Officer

*Charlie Cano*

Date

*6-3-16*

Printed name of Authorized Officer

*Charlie Cano*

Title or position of Authorized Officer

*CEO / General Manager*

Telephone number of Authorized Officer.

*(903) 797 4357 ext. 1186*

Study Area Code of Reporting Carrier

**442070**

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

**06/16/2016**

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

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

Name of Reporting Carrier		<b>Etex Telephone Cooperative, Inc.</b>	
Signature of Authorized Officer	<i>Charlie Cano</i>	Date	<i>6-3-16</i>
Printed name of Authorized Officer	<i>Charlie Cano</i>		
Title or position of Authorized Officer	<i>CEO / General Manager</i>		
Telephone number or Authorized Officer.	<i>(903) 797 4357 ext. 1186</i>		
Study Area Code of Reporting Carrier	<b>442070</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
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**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, the 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		<b>Etex Telephone Cooperative, Inc.</b>	
Signature of Authorized Officer	<i>Charlie Cano</i>	Date	<i>6-3-16</i>
Printed name of Authorized Officer		<i>Charlie Cano</i>	
Title or position of Authorized Officer		<i>CEO / General Manager</i>	
Telephone number or Authorized Officer.		<i>(903) 797 4357 ext. 1186</i>	
Study Area Code of Reporting Carrier	<b>442070</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Farmers Telephone Cooperative, Inc.**

Signature of Authorized Officer 	Date 06/15/2016
-------------------------------------------------------------------------------------------------------------------	--------------------

Printed name of Authorized Officer                      Jeffrey L. Lawrimore

Title or position of Authorized Officer                      Chief Financial Officer

Telephone number or Authorized Officer.                      ( 843 ) 382 1381 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<b>240520</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
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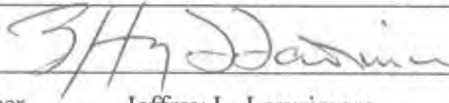
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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 **Farmers Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

06/15/2016

Printed name of Authorized Officer

Jeffrey L. Lawrimore

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

( 843 ) 382 1381 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240520**

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

06/16/2016

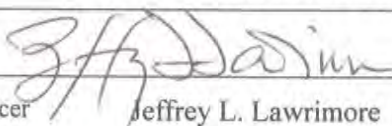
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Name of Reporting Carrier **Farmers Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

06/15/2016

Printed name of Authorized Officer

Jeffrey L. Lawrimore

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

( 843 ) 382 1381 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240520**

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

06/16/2016

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

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Name of Reporting Carrier **Farmers Telephone Cooperative, Inc.**

Signature of Authorized Officer  Date  
06/15/2016

Printed name of Authorized Officer Jeffrey L. Lawrimore

Title or position of Authorized Officer Chief Financial Officer

Telephone number or Authorized Officer. ( 843 ) 382 1381 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier	<b>240520</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Fort Mill Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

*6/15/16*

Printed name of Authorized Officer                      J. Kevin Cage

Title or position of Authorized Officer                      Executive Vice President, CFO and Treasurer

Telephone number of Authorized Officer.                      ( 803 ) 326-7626 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240521**

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

06/16/2016

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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 **Fort Mill Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

*6/15/14*

Printed name of Authorized Officer

J. Kevin Cage

Title or position of Authorized Officer

Executive Vice President, CFO and Treasurer

Telephone number or Authorized Officer.

( 803 ) 326-7626 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240521**

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

06/16/2016

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

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Name of Reporting Carrier **Fort Mill Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

*6/15/16*

Printed name of Authorized Officer

J. Kevin Cage

Title or position of Authorized Officer

Executive Vice President, CFO and Treasurer

Telephone number of Authorized Officer.

( 803 ) 326-7626 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240521**

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

06/16/2016

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**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, the 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	<b>Fort Mill Telephone Company d/b/a Comporium Communications</b>
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Signature of Authorized Officer	Date
---------------------------------	------





6/15/16

Printed name of Authorized Officer	J. Kevin Cage
------------------------------------	---------------

Title or position of Authorized Officer	Executive Vice President, CFO and Treasurer
-----------------------------------------	---------------------------------------------

Telephone number or Authorized Officer.
-----------------------------------------

( 803 ) 326-7626 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier	240521		Filing Due Date for this form (mm/dd/yyyy)	06/16/2016	
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Hancock Rural Telephone Corporation d/b/a NineStar Connect**

Signature of Authorized Officer



Date 06/16/2016

Printed name of Authorized Officer

Michael R. Burrow

Title or position of Authorized Officer

President & CEO

Telephone number of Authorized Officer.

( 317 ) 326-3131

Study Area Code of Reporting Carrier

**320775**




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

06/16/2016

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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	<b>Hancock Rural Telephone Corporation d/b/a NineStar Connect</b>				
Signature of Authorized Officer			Date 06/16/2016		
Printed name of Authorized Officer	Michael R. Burrow				
Title or position of Authorized Officer	President & CEO				
Telephone number of Authorized Officer.	( 317 ) 326-3131				
Study Area Code of Reporting Carrier	<b>320775</b>		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.

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

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

Name of Reporting Carrier	<b>Hancock Rural Telephone Corporation d/b/a NineStar Connect</b>
---------------------------	-------------------------------------------------------------------

Signature of Authorized Officer		Date 06/16/2016
---------------------------------	------------------------------------------------------------------------------------	-----------------

Printed name of Authorized Officer	<b>Michael R. Burrow</b>
------------------------------------	--------------------------

Title or position of Authorized Officer	<b>President &amp; CEO</b>
-----------------------------------------	----------------------------




Telephone number or Authorized Officer.	<b>( 317 ) 326-3131</b>
-----------------------------------------	-------------------------

Study Area Code of Reporting Carrier	<b>320775</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**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, the 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	<b>Hancock Rural Telephone Corporation d/b/a NineStar Connect</b>				
Signature of Authorized Officer			Date 06/16/2016		
Printed name of Authorized Officer	Michael R. Burrow				
Title or position of Authorized Officer	President & CEO				
Telephone number or Authorized Officer.	( 317 ) 326-3131				
Study Area Code of Reporting Carrier	<b>320775</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>	

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**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, the 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		<b>Hargray Telephone Company</b>	
Signature of Authorized Officer		Date <i>6/13/16</i>	
Printed name of Authorized Officer		Andrew Rein	
Title or position of Authorized Officer		CFO	
Telephone number or Authorized Officer.		(843) 686 – 1210 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>240523</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



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

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

Name of Reporting Carrier                      **Hargray Telephone Company**

Signature of Authorized Officer



Date

*6/13/16*

Printed name of Authorized Officer                      **Andrew Rein**

Title or position of Authorized Officer                      **CFO**

Telephone number of Authorized Officer.

**(843) 686 – 1210** ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240523**

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.



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

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

Name of Reporting Carrier                      **Hargray Telephone Company**

Signature of Authorized Officer



Date

*6/13/16*

Printed name of Authorized Officer                      **Andrew Rein**

Title or position of Authorized Officer                      **CFO**

Telephone number of Authorized Officer.

**(843) 686 – 1210** ext. \_\_\_\_

Study Area Code of Reporting Carrier

**240523**



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

**06/16/2016**

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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)				
Name of Reporting Carrier	<b>Hargray Telephone Company</b>				
Signature of Authorized Officer			Date <u>6/13/16</u>		
Printed name of Authorized Officer	Andrew Rein				
Title or position of Authorized Officer	CFO				
Telephone number of Authorized Officer.	(843) 686 – 1210 ext. _ _ _ _				
Study Area Code of Reporting Carrier	<b>240523</b>		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.					

**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, the 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		<b>Bluffton Telephone Company</b>	
Signature of Authorized Officer		Date <i>6/13/16</i>	
Printed name of Authorized Officer		Andrew Rein	
Title or position of Authorized Officer		CFO	
Telephone number or Authorized Officer.		(843) 686 – 1210 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>240512</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier                      **Bluffton Telephone Company**

Signature of Authorized Officer



Date

*6/13/16*

Printed name of Authorized Officer              **Andrew Rein**

Title or position of Authorized Officer      **CFO**

Telephone number of Authorized Officer.

**(843) 686 – 1210** ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240512**

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.



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

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

Name of Reporting Carrier                      **Bluffton Telephone Company**

Signature of Authorized Officer



Date

*6/13/16*

Printed name of Authorized Officer

Andrew Rein

Title or position of Authorized Officer

CFO

Telephone number of Authorized  
Officer.

(843) 686 – 1210 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240512**

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.

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Bluffton Telephone Company**

Signature of Authorized Officer



Date

6/13/16

Printed name of Authorized Officer                      Andrew Rein

Title or position of Authorized Officer                      CFO

Telephone number of Authorized Officer.                      (843) 686 – 1210    ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240512**

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.

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

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 ILEC, d/b/a Home Telecom**

Signature of Authorized Officer     *H. Keith Oliver*                      Date     *6/16/16*

Printed name of Authorized Officer                      H. Keith Oliver

Title or position of Authorized Officer                      Senior VP, Corporate Operations

Telephone number of Authorized Officer.                      ( 843 ) 761-9100 \_\_\_\_\_ ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<b>240527</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier                      **Home Telephone ILEC, d/b/a Home Telecom**

Signature of Authorized Officer     *H. Keith Oliver*                      Date     *6/16/16*

Printed name of Authorized Officer             H. Keith Oliver

Title or position of Authorized Officer        Senior VP, Corporate Operations

Telephone number of Authorized  
Officer.                                      (   843   )   761  -9100 \_\_\_ ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<b>240527</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
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**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, the 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                      **Home Telephone ILEC, d/b/a Home Telecom**

Signature of Authorized Officer <i>H. Keith Oliver</i>	Date <i>6/16/16</i>
--------------------------------------------------------	---------------------

Printed name of Authorized Officer     H. Keith Oliver

Title or position of Authorized Officer     Senior VP, Corporate Operations

Telephone number of Authorized Officer.                      ( 843 ) 761-9100\_\_ \_\_ ext. \_\_ \_\_ \_\_

Study Area Code of Reporting Carrier	<b>240527</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Home Telephone ILEC, d/b/a Home Telecom**

Signature of Authorized Officer                      *H Keith Oliver*                      Date                      *6/16/16*

Printed name of Authorized Officer                      H. Keith Oliver

Title or position of Authorized Officer                      Senior VP, Corporate Operations

Telephone number of Authorized Officer.                      ( 843 ) 761-9100 \_\_\_ ext. \_\_\_

Study Area Code of Reporting Carrier	<b>240527</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2016	
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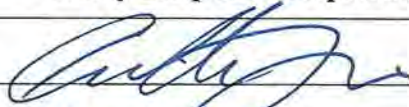
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/14/16

Printed name of Authorized Officer

Carlton Lewis

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(843) 365 2151 ext.     

Study Area Code of Reporting Carrier

**240528**

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.




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

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

Name of Reporting Carrier **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/14/16

Printed name of Authorized Officer

Carlton Lewis

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(843) 365 2151 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

240528

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

06/16/2016

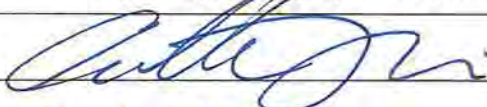
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/14/16

Printed name of Authorized Officer

Carlton Lewis

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(843) 365 2151 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

240528

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

06/16/2016

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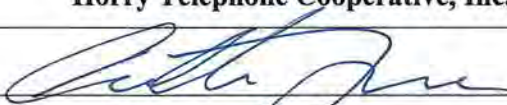


**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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 **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/14/16

Printed name of Authorized Officer

Carlton Lewis

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(843) 365 2151 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

240528


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

06/16/2016

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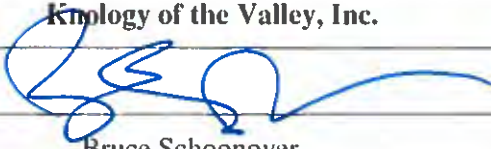


**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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	<b>Knology of the Valley, Inc.</b>				
Signature of Authorized Officer			Date 06/07/2016		
Printed name of Authorized Officer	Bruce Schoonover				
Title or position of Authorized Officer	Vice-President of Regulatory Compliance				
Telephone number of Authorized Officer.	( 706 ) 645 - 8116 ext. _ _ _ _				
Study Area Code of Reporting Carrier	220371		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.					

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

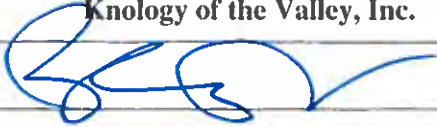


**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier	Knology of the Valley, Inc.			
Signature of Authorized Officer				Date 06/07/2016
Printed name of Authorized Officer	Bruce Schoonover			
Title or position of Authorized Officer	Vice-President of Regulatory Compliance			
Telephone number of Authorized Officer.	( 706 ) 645 - 8116 ext. _ _ _ _			
Study Area Code of Reporting Carrier	220371		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.

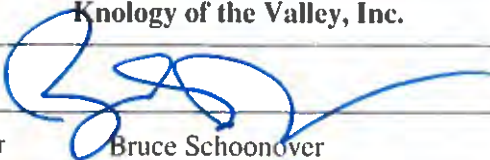

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier					<b>Knology of the Valley, Inc.</b>							
Signature of Authorized Officer								Date		06/07/2016		
Printed name of Authorized Officer				Bruce Schoonover								
Title or position of Authorized Officer				Vice-President of Regulatory Compliance								
Telephone number of Authorized Officer.				( 706 ) 645 - 8116 ext. _ _ _ _								
Study Area Code of Reporting Carrier			220371				Filing Due Date for this form (mm/dd/yyyy)		06/16/2016			
<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>												

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Knology of the Valley, Inc.		
Signature of Authorized Officer			Date 06/07/2016
Printed name of Authorized Officer	Bruce Schoonover		
Title or position of Authorized Officer	Vice-President of Regulatory Compliance		
Telephone number of Authorized Officer.	( 706 ) 645 - 8116 ext. _ _ _ _		
Study Area Code of Reporting Carrier	220371		Filing Due Date for this form (mm/dd/yyyy)
			06/16/2016
<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>			

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Lancaster Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

*6/15/16*

Printed name of Authorized Officer                      J. Kevin Cage

Title or position of Authorized Officer                      Executive Vice President, CFO and Treasurer

Telephone number of Authorized Officer.                      ( 803 ) 326-7626 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240531**

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.



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

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

Name of Reporting Carrier	<b>Lancaster Telephone Company d/b/a Comporium Communications</b>		
Signature of Authorized Officer		Date	<b>6/15/16</b>
Printed name of Authorized Officer	<b>J. Kevin Cage</b>		
Title or position of Authorized Officer	<b>Executive Vice President, CFO and Treasurer</b>		
Telephone number or Authorized Officer.	<b>( 803 ) 326-7626 ext. _ _ _ _</b>		
Study Area Code of Reporting Carrier	<b>240531</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier                      **Lancaster Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date *6/16/16*

Printed name of Authorized Officer                      J. Kevin Cage

Title or position of Authorized Officer                      Executive Vice President, CFO and Treasurer

Telephone number or Authorized  
Officer.

( 803 ) 326-7626 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240531**

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.

**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, the 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                      **Lancaster Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

*6/15/16*

Printed name of Authorized Officer

J. Kevin Cage

Title or position of Authorized Officer

Executive Vice President, CFO and Treasurer

Telephone number or Authorized  
Officer.

( 803 ) 326-7626 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240531**

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

**06/16/2016**

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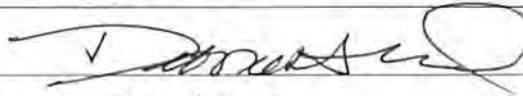
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Livingston Telephone Company**

Signature of Authorized Officer



Date    6/1/16

Printed name of Authorized Officer                      Deborah Rand

Title or position of Authorized Officer                      Vice President

Telephone number of Authorized Officer.                      ( 603 ) 472 9786 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**442107**

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

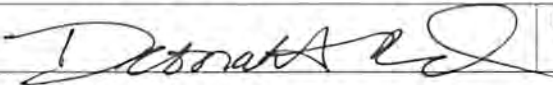
**06/17/2016**

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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	<b>Livingston Telephone Company</b>		
Signature of Authorized Officer			Date 6/1/16
Printed name of Authorized Officer	Deborah Rand		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	( 603 ) 472-9786 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>442107</b>	Filing Due Date for this form (mm/dd/yyyy)	06/17/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

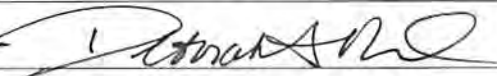


**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier **Livingston Telephone Company**

Signature of Authorized Officer



Date 6/1/16

Printed name of Authorized Officer

Deborah Rand

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

( 603 ) 472-9786 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**442107**

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

06/17/2016

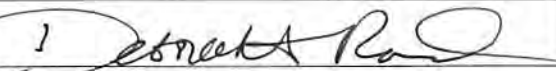
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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                      **Livingston Telephone Company**

Signature of Authorized Officer



Date 6/1/16

Printed name of Authorized Officer

Deborah Rand

Title or position of Authorized Officer

Vice President

Telephone number or Authorized  
Officer.

( 603 ) 472-9786 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**442107**

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

**06/17/2016**

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

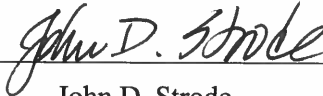
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Millington Telephone Company, Inc.**

Signature of Authorized Officer



Date: June 1, 2016

Printed name of Authorized Officer

John D. Strode

Title or position of Authorized Officer      Vice President

Telephone number of Authorized Officer.      ( 870 ) 336-2345

Study Area Code of Reporting Carrier

**290571**

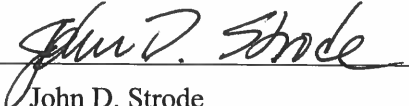
Filing Due Date for this form  
(mm/dd/yyyy)

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.

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

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

Name of Reporting Carrier	<b>Millington Telephone Company, Inc.</b>				
Signature of Authorized Officer				Date: June 1, 2016	
Printed name of Authorized Officer	John D. Strode				
Title or position of Authorized Officer	Vice President				
Telephone number of Authorized Officer.	( 870 ) 336-2345				
Study Area Code of Reporting Carrier	290571		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.					

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

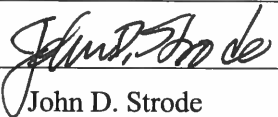
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier	<b>Millington Telephone Company, Inc.</b>				
Signature of Authorized Officer				Date: June 1, 2016	
Printed name of Authorized Officer	John D. Strode				
Title or position of Authorized Officer	Vice President				
Telephone number of Authorized Officer.	( 870) 336-2345				
Study Area Code of Reporting Carrier	290571		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.					



**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, the 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	<b>Millington Telephone Company, Inc.</b>				
Signature of Authorized Officer				Date:	June 1, 2016
Printed name of Authorized Officer	John D. Strode				
Title or position of Authorized Officer	Vice President				
Telephone number or Authorized Officer.	(870) 336-2345				
Study Area Code of Reporting Carrier	290571		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.

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Moundridge Telephone Company**

Signature of Authorized Officer                      *Delonna Barnett*                      Date                      6-6-16

Printed name of Authorized Officer                      Delonna Barnett

Title or position of Authorized Officer                      Vice President

Telephone number or Authorized Officer.                      ( 620 ) 345-2832 ext. \_ \_ \_ \_

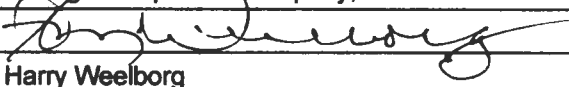
Study Area Code of Reporting Carrier	411808	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

**Certification of Officer for Rate-of-Return Carrier 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				Moundridge Telephone Company, Inc.	
Signature of authorized officer				Date	5/16/2016
Printed name of authorized officer		Harry Weelborg			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(620) 345-2832			
Study Area Code of Reporting Carrier		411808	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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

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

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

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

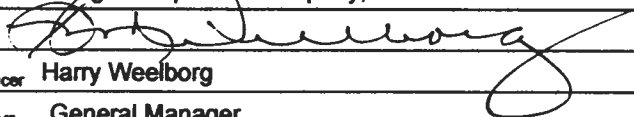
Name of Reporting Carrier				Moundridge Telephone Company, Inc.	
Signature of authorized officer			Date		5/16/2016
Printed name of authorized officer			Harry Weelborg		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(620) 345-2832		
Study Area Code of Reporting Carrier		411808	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		Moundridge Telephone Company, Inc.	
Signature of Authorized Officer		Date	5/16/2016
Printed name of Authorized Officer		Harry Weelborg	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer: (620) 345-2832 ext.			
Study Area Code of Reporting Carrier	411808	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016

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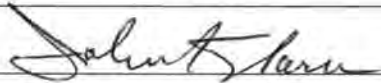
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Mt. Horeb Telephone Co.**

Signature of Authorized Officer



Date

6-1-2016

Printed name of Authorized Officer

John Klarer

Title or position of Authorized Officer

Secretary

Telephone number of Authorized Officer:

(608) 437 5551 ext.       

Study Area Code of Reporting Carrier

**330916**

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

**06/16/2016**

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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	<b>Mt. Horeb Telephone Co.</b>		
Signature of Authorized Officer	<i>John Klarer</i>	Date	<i>6-1-2016</i>
Printed name of Authorized Officer	<i>John Klarer</i>		
Title or position of Authorized Officer	<i>Secretary</i>		
Telephone number of Authorized Officer.	<i>(608) 437 5551 ext. ____</i>		
Study Area Code of Reporting Carrier	<b>330916</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>

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

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

Name of Reporting Carrier

**Mt. Horeb Telephone Co.**

Signature of Authorized Officer

*John Klarer*

Date

*6-1-2016*

Printed name of Authorized Officer

*John Klarer*

Title or position of Authorized Officer

*Secretary*

Telephone number of Authorized Officer.

*(608) 437 5551 ext. \_\_\_\_*

Study Area Code of Reporting Carrier

**330916**


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

**06/16/2016**

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**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, the 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	<b>Mt. Horeb Telephone Co.</b>		
Signature of Authorized Officer		Date	<b>06-1-2016</b>
Printed name of Authorized Officer	<b>John Klarer</b>		
Title or position of Authorized Officer	<b>Secretary</b>		
Telephone number of Authorized Officer.	<b>(608) 437 5551 ext. _____</b>		
Study Area Code of Reporting Carrier	<b>330916</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>

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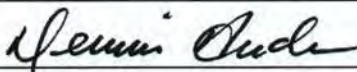
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Otelco Telephone LLC**

Signature of Authorized Officer



Date June 8, 2016

Printed name of Authorized Officer

Dennis Andrews

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized Officer.

( 256 ) 586- 1420 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**250312**

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.




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

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

Name of Reporting Carrier	<b>Otelco Telephone LLC</b>		
Signature of Authorized Officer		Date	June 8, 2016
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number or Authorized Officer.	( 256 ) 586- 1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>250312</b>	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.			


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

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

Name of Reporting Carrier	<b>Otelco Telephone LLC</b>		
Signature of Authorized Officer		Date	June 8, 2016
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number of Authorized Officer.	( 256 ) 586-1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>250312</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
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**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, the 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	<b>Otelco Telephone LLC</b>		
Signature of Authorized Officer		Date	June 8, 2016
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number or Authorized Officer.	( 256 ) 586- 1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>250312</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date      6.7.16

Printed name of Authorized Officer                      Randy Lis

Title or position of Authorized Officer                      General Manager

Telephone number of Authorized Officer.                      ( 864 ) 682-3131 ext. 3700

Study Area Code of Reporting Carrier

**240538**

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.

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

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

Name of Reporting Carrier	<b>Piedmont Rural Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer		Date	<b>6.7.16</b>
Printed name of Authorized Officer	<b>Randy Lis</b>		
Title or position of Authorized Officer	<b>General Manager</b>		
Telephone number or Authorized Officer.	<b>(864) 682-3131 ext. 3700</b>		
Study Area Code of Reporting Carrier	<b>240538</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>

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

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

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

Name of Reporting Carrier **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6.7.16

Printed name of Authorized Officer

Randy Lis

Title or position of Authorized Officer

General Manager

Telephone number or Authorized Officer.

(864) 682-3131 ext. 3700

Study Area Code of Reporting Carrier

240538

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

06/16/2016

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

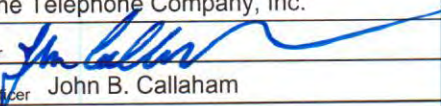
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier		<b>Piedmont Rural Telephone Cooperative, Inc.</b>	
Signature of Authorized Officer		Date <b>6.7.16</b>	
Printed name of Authorized Officer		Randy Lis	
Title or position of Authorized Officer		General Manager	
Telephone number or Authorized Officer.		(864) 682-3131 ext. 3700	
Study Area Code of Reporting Carrier	<b>240538</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

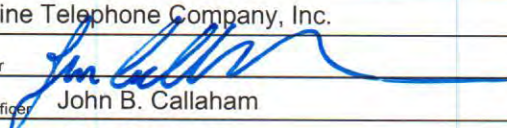
Name of Reporting Carrier				Pine Telephone Company, Inc.	
Signature of Authorized Officer					
Date			5/16/2016		
Printed name of Authorized Officer			John B. Callahan		
Title or position of Authorized Officer			Vice President		
Telephone number of Authorized Officer:			(580) 584-3355 ext.		
Study Area Code of Reporting Carrier		432017		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2016	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Pine Telephone Company, Inc.		
Signature of authorized officer					Date	5/16/2016
Printed name of authorized officer			John B. Callaham			
Title or position of authorized officer			Vice President			
Telephone number of authorized officer:			(580) 584-3355			
Study Area Code of Reporting Carrier		432017	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		

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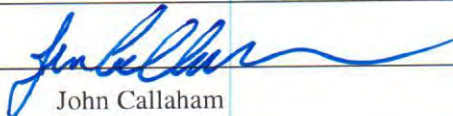
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Pine Telephone Company, Inc.**

Signature of Authorized Officer



Date

Printed name of Authorized Officer                      John Callaham

Title or position of Authorized Officer                      Vice President

Telephone number or Authorized Officer.                      5805843355

Study Area Code of Reporting Carrier                      **432017**

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

06/16/2016

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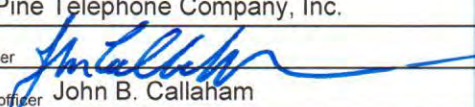
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 Pine Telephone Company, Inc.

Signature of authorized officer



Date

5/16/2016

Printed name of authorized officer

John B. Callaham

Title or position of authorized officer

Vice President

Telephone number of authorized officer: (580) 584-3355

Study Area Code of Reporting Carrier

432017

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

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

Name of Reporting carrier Pioneer Telephone Association, Inc

Signature of Authorized Officer

*Catherine Moyer*

Date 5/27/16

Printed name of Authorized Officer Catherine Moyer

Title or position of Authorized Officer General Manager/CEO

Telephone number of Authorized Officer: (620) 356.-3211, ext.

Study Area Code of Reporting Carrier

411817

Filing Due Date for this form

6/16/2016

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



TO BE COMPLETED BY THE REPORTING CARRIER

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 Association, Inc

Signature of Authorized Officer

*Catherine Moyer*

Date 5/27/16

Printed name of Authorized Officer Catherine Moyer

Title or position of Authorized Officer General Manager/CEO

Telephone number of Authorized Officer: (620) 356.-3211, ext.

Study Area Code of Reporting Carrier

411817

Filing Due Date for this form

6/16/2016

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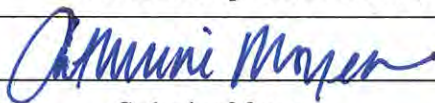
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Pioneer Telephone Association, Inc.**

Signature of Authorized Officer



Date

**06/07/16**

Printed name of Authorized Officer                      Catherine Moyer

Title or position of Authorized Officer                      President / General Manager

Telephone number of Authorized Officer.                      ( 620 ) 356-3211 ext. 1 3 3 \_

Study Area Code of Reporting Carrier

**411817**

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

**06/16/2016**

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**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				Pioneer Telephone Association, Inc.	
Signature of authorized officer			Date		5/27/16
Printed name of authorized officer			Catherine Moyer		
Title or position of authorized officer			General Manager\CEO		
Telephone number of authorized officer: (620) 356-3211, ext.					
Study Area Code of Reporting Carrier		411817	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>					

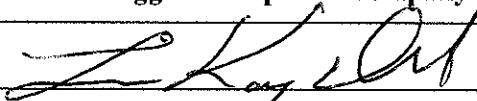
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Ringgold Telephone Company**

Signature of Authorized Officer



Date

6.1.2016

Printed name of Authorized Officer

Lisa Kay Dukes

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(706) 965 1255 ext.     

Study Area Code of Reporting Carrier

**220382**

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

06/16/2016

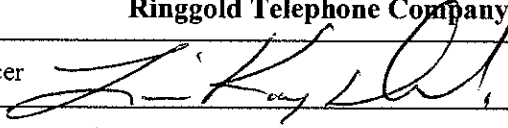
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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 **Ringgold Telephone Company**

Signature of Authorized Officer



Date

**6.1.2016**

Printed name of Authorized Officer

**Lisa Kay Dukes**

Title or position of Authorized Officer

**CFO**

Telephone number or Authorized Officer.

**(706) 965 1255** ext. \_\_\_\_

Study Area Code of Reporting Carrier

**220382**

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

**06/16/2016**

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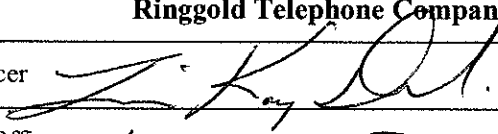


**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier **Ringgold Telephone Company**

Signature of Authorized Officer



Date

**6.1.2016**

Printed name of Authorized Officer

**Lisa Kay Dukas**

Title or position of Authorized Officer

**CFO**

Telephone number of Authorized Officer.

**(706) 945 1255 ext. \_\_\_\_\_**

Study Area Code of Reporting Carrier

**220382**

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

**06/16/2016**

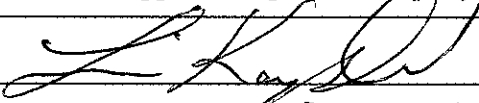
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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 **Ringgold Telephone Company**

Signature of Authorized Officer



Date

**6.1.2016**

Printed name of Authorized Officer

**LISA KAY DUKES**

Title or position of Authorized Officer

**CFO**

Telephone number or Authorized Officer.

**(706) 965 1255** ext. **----**

Study Area Code of Reporting Carrier

**220382**


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

**06/16/2016**

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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Saco River Telephone LLC		
Signature of Authorized Officer		Date	June 8, 2016
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number or Authorized Officer.	( 256 ) 586- 1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	100022	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.			

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

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

Name of Reporting Carrier	<b>Saco River Telephone LLC</b>		
Signature of Authorized Officer		Date	June 8, 2016
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number of Authorized Officer.	( 256 ) 586- 1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>100022</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016

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

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

Name of Reporting Carrier                      **Saco River Telephone LLC**

Signature of Authorized Officer



Date June 8, 2016

Printed name of Authorized Officer

Dennis Andrews

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized  
Officer.

( 256 ) 586- 1420 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**100022**

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

06/16/2016

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**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, the 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	<b>Saco River Telephone LLC</b>		
Signature of Authorized Officer		Date	June 8, 2016
Printed name of Authorized Officer	Dennis Andrews		
Title or position of Authorized Officer	Senior Vice President		
Telephone number of Authorized Officer.	( 256 ) 586- 1420 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>100022</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
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**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, the 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	<b>Skyline Telephone Membership Corporation</b>
---------------------------	-------------------------------------------------

Signature of Authorized Officer	<i>Cindy Rothstein</i>	Date	<i>6/13/2016</i>
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Printed name of Authorized Officer	<b>Cindy Rothstein</b>
------------------------------------	------------------------

Title or position of Authorized Officer	<b>Executive Director of Finance</b>
-----------------------------------------	--------------------------------------

Telephone number or Authorized Officer.	<b>(336) 876-6304</b>
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Study Area Code of Reporting Carrier	<b>230501</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>	
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier                      **Skyline Telephone Membership Corporation**

Signature of Authorized Officer

*Cindy Rothstein*

Date

*6/13/2016*

Printed name of Authorized Officer

Cindy Rothstein

Title or position of Authorized Officer

Executive Director of Finance

Telephone number of Authorized Officer.

(336) 876-6304

Study Area Code of Reporting Carrier

**230501**

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

06/16/2016

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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	<b>Skyline Telephone Membership Corporation</b>
---------------------------	-------------------------------------------------

Signature of Authorized Officer	<i>Cindy Rothstein</i>	Date	<i>6/13/2016</i>
---------------------------------	------------------------	------	------------------

Printed name of Authorized Officer	Cindy Rothstein
------------------------------------	-----------------

Title or position of Authorized Officer	Executive Director of Finance
-----------------------------------------	-------------------------------

Telephone number or Authorized Officer.	(336) 876-6304
-----------------------------------------	----------------

Study Area Code of Reporting Carrier	<b>230501</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2016	
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Skyline Telephone Membership Corporation**

Signature of Authorized Officer

*Cindy Rothstein*

Date

*6/13/2016*

Printed name of Authorized Officer

Cindy Rothstein

Title or position of Authorized Officer

Executive Director of Finance

Telephone number of Authorized Officer.

(336) 876-6304

Study Area Code of Reporting Carrier

**230501**

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

06/16/2016

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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer                       Date                      6/1/16

Printed name of Authorized Officer                      James Schumacher

Title or position of Authorized Officer                      VP Finance & Administration

Telephone number of Authorized Officer.                      ( 407) 828-6656 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier	<b>210330</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
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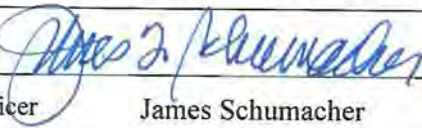
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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                      **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer



Date

*6/16/16*

Printed name of Authorized Officer

**James Schumacher**

Title or position of Authorized Officer

**VP Finance & Administration**

Telephone number of Authorized Officer.

**( 407) 828-6656 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**210330**

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.

**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, the 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                      **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer                       Date                      

Printed name of Authorized Officer                      **James Schumacher**

Title or position of Authorized Officer                      **VP Finance & Administration**

Telephone number or Authorized Officer.                      **( 407 ) 828-6656 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier                      **210330**

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

**06/16/2016**

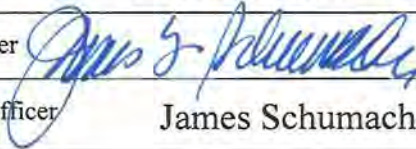
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier                      **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer



Date

*6/1/14*

Printed name of Authorized Officer

**James Schumacher**

Title or position of Authorized Officer

**VP Finance & Administration**

Telephone number of Authorized Officer.

**( 407 ) 828-6656** ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**210330**

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

**06/16/2016**

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Name of Reporting Carrier                      **South Central Rural Telephone Cooperative**

Signature of Authorized Officer

*Jeff Eaton*

Date

*6/8/16*

Printed name of Authorized Officer

Jeff Eaton

Title or position of Authorized Officer

Interim General Manager

Telephone number or Authorized  
Officer.

(270) 678 2111 ext. \_\_\_\_

Study Area Code of Reporting Carrier

**260418**

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

06/16/2016

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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **South Central Rural Telephone Cooperative**

Signature of Authorized Officer      *Jeff Eaton*                      Date      *6/8/16*

Printed name of Authorized Officer                      Jeff Eaton

Title or position of Authorized Officer                      Interim General Manager

Telephone number of Authorized Officer.      (*270*) *678 2111* ext.

Study Area Code of Reporting Carrier	<b>260418</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
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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	<b>South Central Rural Telephone Cooperative</b>
---------------------------	--------------------------------------------------

Signature of Authorized Officer	<i>Jeff Eaton</i>	Date	<i>6/8/16</i>
---------------------------------	-------------------	------	---------------

Printed name of Authorized Officer	<b>Jeff Eaton</b>
------------------------------------	-------------------

Title or position of Authorized Officer	<b>Interim General Manager</b>
-----------------------------------------	--------------------------------

Telephone number or Authorized Officer.	<i>(270) 678 2111</i> ext. <i>----</i>
-----------------------------------------	----------------------------------------

Study Area Code of Reporting Carrier	<b>260418</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>	
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**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, the 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                      **South Central Rural Telephone Cooperative**

Signature of Authorized Officer <i>Jeff Eaton</i>	Date <i>6/8/16</i>
---------------------------------------------------	--------------------

Printed name of Authorized Officer                      **Jeff Eaton**

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

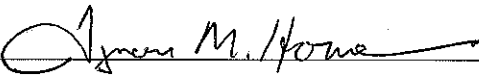
Telephone number of Authorized Officer.                      *(270) 678 2111* ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<b>260418</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
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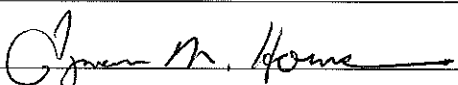
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to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Star Telephone Membership Corp.		
Signature of Authorized Officer			Date June 10, 2016
Printed name of Authorized Officer	Lyman M. Horne		
Title or position of Authorized Officer	Exec. V.P. & G.M.		
Telephone number of Authorized Officer.	( 9 10 ) 564-7827 ext. _ _ _ _		
Study Area Code of Reporting Carrier	230502		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.			

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

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

Name of Reporting Carrier		Star Telephone Membership Corp.	
Signature of Authorized Officer		Date	June 10, 2016
Printed name of Authorized Officer		Lyman M. Horne	
Title or position of Authorized Officer		Exec. V.P. & G.M.	
Telephone number of Authorized Officer.		( 9 10 ) 564-7827 ext. _ _ _ _	
Study Area Code of Reporting Carrier	230502	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
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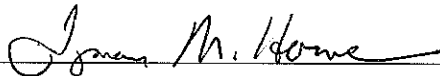


**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier                      **Star Telephone Membership Corp.**

Signature of Authorized Officer



Date  
June 10, 2016

Printed name of Authorized Officer

Lyman M. Horne

Title or position of Authorized Officer

Exec. V.P. & G.M.

Telephone number of Authorized  
Officer.

( 9 10 ) 564-7827 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**230502**

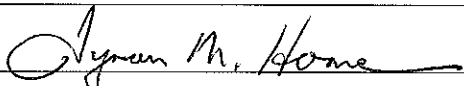
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

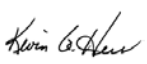
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Name of Reporting Carrier	Star Telephone Membership Corp.		
Signature of Authorized Officer		Date	June 10, 2016
Printed name of Authorized Officer	Lyman M. Horne		
Title or position of Authorized Officer	Exec. V.P. & G.M.		
Telephone number of Authorized Officer.	( 9 10 ) 564-7827 ext. _ _ _ _		
Study Area Code of Reporting Carrier	230502	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016

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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) 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.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)				
Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>				
Signature of Authorized Officer				Date 05/20/2016	
Printed name of Authorized Officer	Kevin G. Hess				
Title or position of Authorized Officer	Executive Vice President				
Telephone number of Authorized Officer.	(608)664-4160 ext. _ _ _ _				
Study Area Code of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2016	
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**TDS Telecom Group-A**

220351 - Camden Telephone and Telegraph Company, Inc.

330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

290575 – Tennessee Telephone Company

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

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

Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
---------------------------	-------------------------------------------

Signature of Authorized Officer		Date 05/20/2016
---------------------------------	-----------------------------------------------------------------------------------	-----------------

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

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

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

Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016	

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**TDS Telecom Group-A**

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330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

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

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



Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
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Signature of Authorized Officer		Date 05/20/2016
---------------------------------	-----------------------------------------------------------------------------------	-----------------

Printed name of Authorized Officer	<b>Kevin G. Hess</b>
------------------------------------	----------------------

Title or position of Authorized Officer	<b>Executive Vice President</b>
-----------------------------------------	---------------------------------

Telephone number or Authorized Officer.	<b>(608)664-4160 ext. _ _ _ _</b>
-----------------------------------------	-----------------------------------

Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>	
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**TDS Telecom Group-A**

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330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

290575 – Tennessee Telephone Company



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Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
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Signature of Authorized Officer		Date 05/20/2016
---------------------------------	-----------------------------------------------------------------------------------	-----------------

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

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

Telephone number or Authorized Officer.	(608)664-4160 ext. _ _ _ _
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Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2016	
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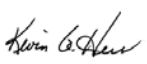
330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

290575 – Tennessee Telephone Company

**Certification of Officer  
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)			
Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>			
Signature of Authorized Officer			Date 05/20/2016	
Printed name of Authorized Officer	Kevin G. Hess			
Title or position of Authorized Officer	Executive Vice President			
Telephone number of Authorized Officer.	(608)664-4160 ext. _ _ _ _			
Study Area Code of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
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**TDS Telecom-Group B**

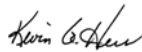
361350 Arvig Telephone Co. 330844 Badger Telecom, LLC 220346 Blue Ridge Telephone Co. 361362 Bridge Water Telephone Co. 330859 Central State Telephone Co., LLC 290559 Concord Telephone Exchange, Inc. 330881 Mid-Plains Telephone, LLC 361433 Mid State Telephone Company	220375 Nelson-Ball Ground Telephone Co. 210338 Quincy (FL) Telephone Co. 220338 Quincy (GA) Telephone Co. 330954 Stockbridge and Sherwood Tel. Co., LLC 462207 Strasburg Telephone Co. 290578 Tellico Telephone Co., Inc. 330963 UTELCO, LLC.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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

Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
---------------------------	-------------------------------------------

Signature of Authorized Officer	Date 05/20/2016
---------------------------------	-----------------



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

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

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

Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016	
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**TDS Telecom-Group B**

361350 Arvig Telephone Co.

330844 Badger Telecom, LLC

220346 Blue Ridge Telephone Co.

361362 Bridge Water Telephone Co.

330859 Central State Telephone Co., LLC

290559 Concord Telephone Exchange, Inc.

330881 Mid-Plains Telephone, LLC

361433 Mid State Telephone Company

220375 Nelson-Ball Ground Telephone Co.

210338 Quincy (FL) Telephone Co.

220338 Quincy (GA) Telephone Co.

330954 Stockbridge and Sherwood Tel. Co., LLC

462207 Strasburg Telephone Co.

290578 Tellico Telephone Co., Inc.

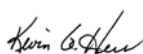
330963 UTELCO, LLC.

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

Signature of Authorized Officer



Date 05/20/2016

Printed name of Authorized Officer              Kevin G. Hess

Title or position of Authorized Officer              Executive Vice President

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

Study Area Code of Reporting Carrier

**See TDS  
TELECOM  
ILEC Listing  
Below**

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

06/16/2016

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**TDS Telecom-Group B**

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330859 Central State Telephone Co., LLC

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330881 Mid-Plains Telephone, LLC

361433 Mid State Telephone Company

220375 Nelson-Ball Ground Telephone Co.

210338 Quincy (FL) Telephone Co.

220338 Quincy (GA) Telephone Co.

330954 Stockbridge and Sherwood Tel. Co., LLC

462207 Strasburg Telephone Co.

290578 Tellico Telephone Co., Inc.

330963 UTELCO, LLC.

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Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
---------------------------	-------------------------------------------

Signature of Authorized Officer		Date 05/20/2016
---------------------------------	-----------------------------------------------------------------------------------	-----------------

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

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

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

Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2016	
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**TDS Telecom-Group B**

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330844 Badger Telecom, LLC

220346 Blue Ridge Telephone Co.

361362 Bridge Water Telephone Co.

330859 Central State Telephone Co., LLC

290559 Concord Telephone Exchange, Inc.

330881 Mid-Plains Telephone, LLC

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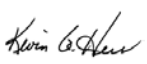
290578 Tellico Telephone Co., Inc.

330963 UTELCO, LLC.



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Name of Authorized Agent	John Staurulakis, Inc. (JSI)			
Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>			
Signature of Authorized Officer			Date 05/20/2016	
Printed name of Authorized Officer	Kevin G. Hess			
Title or position of Authorized Officer	Executive Vice President			
Telephone number of Authorized Officer.	(608)664-4160 ext. _ _ _ _			
Study Area Code of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

**TDS Telecom-Group C**

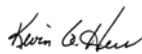
250284 - Butler Telephone Company, Inc.  
 320776 - Communications Corporation of Indiana  
 120045 - Kearsarge Telephone Co.  
 120047 - Merrimack County Telephone Co.  
 123321 - MCTA, Inc.  
 250314 - Peoples Telephone Company, Inc.  
 100024 - Somerset Telephone Company  
 452174 - Southwestern Telephone Company  
 240551 - Williston Telephone Company

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

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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

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.

**TDS Telecom-Group C**

250284 - Butler Telephone Company, Inc.

320776 - Communications Corporation of Indiana

120045 - Kearsarge Telephone Co.

120047 - Merrimack County Telephone Co.

123321 - MCTA, Inc.

250314 - Peoples Telephone Company, Inc.

100024 - Somerset Telephone Company

452174 - Southwestern Telephone Company

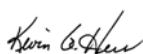
240551 - Williston Telephone Company

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

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

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

Signature of Authorized Officer



Date 05/20/2016

Printed name of Authorized Officer              Kevin G. Hess

Title or position of Authorized Officer              Executive Vice President

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

Study Area Code of Reporting Carrier

**See TDS  
TELECOM  
ILEC Listing  
Below**

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

06/16/2016

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**TDS Telecom-Group C**

250284 - Butler Telephone Company, Inc.

320776 - Communications Corporation of Indiana

120045 - Kearsarge Telephone Co.

120047 - Merrimack County Telephone Co.

123321 - MCTA, Inc.

250314 - Peoples Telephone Company, Inc.

100024 - Somerset Telephone Company

452174 - Southwestern Telephone Company

240551 - Williston Telephone Company

**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	<b>See TDS Telecom ILEC Listing Below</b>
---------------------------	-------------------------------------------

Signature of Authorized Officer		Date 05/20/2016
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Printed name of Authorized Officer	Kevin G. Hess
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Title or position of Authorized Officer	Executive Vice President
-----------------------------------------	--------------------------

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

Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2016	
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**TDS Telecom-Group C**

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320776 - Communications Corporation of Indiana

120045 - Kearsarge Telephone Co.

120047 - Merrimack County Telephone Co.

123321 - MCTA, Inc.

250314 - Peoples Telephone Company, Inc.

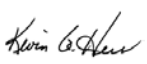
100024 - Somerset Telephone Company

452174 - Southwestern Telephone Company

240551 - Williston Telephone Company

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) 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.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)			
Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>			
Signature of Authorized Officer			Date 05/20/2016	
Printed name of Authorized Officer	Kevin G. Hess			
Title or position of Authorized Officer	Executive Vice President			
Telephone number of Authorized Officer.	(608)664-4160 ext. _ _ _ _			
Study Area Code of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

**TDS Telecom Group-D**

190217 - Amelia Telephone Corporation  
 452171 - Arizona Telephone Company  
 462184 - Delta County Tele-Comm, Inc.  
 260411 - Leslie County Telephone Company  
 330909 - Midway Telephone Company, LLC  
 330943 - Riverside Telecom, LLC  
 320829 - Tipton Telephone Company, Inc.  
 320830 - Tri-County Telephone Company, Inc.  
 120049 - Union Telephone Company  
 190253 - Virginia Telephone Company  
 330968 - Waunakee Telephone Company, LLC  
 120050 - Wilton Telephone Company, Inc.

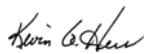


**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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

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.

**TDS Telecom Group-D**

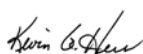
190217 - Amelia Telephone Corporation  
452171 - Arizona Telephone Company  
462184 - Delta County Tele-Comm, Inc.  
260411 - Leslie County Telephone Company  
330909 - Midway Telephone Company, LLC  
330943 - Riverside Telecom, LLC  
320829 - Tipton Telephone Company, Inc.  
320830 - Tri-County Telephone Company, Inc.  
120049 - Union Telephone Company  
190253 - Virginia Telephone Company  
330968 - Waunakee Telephone Company, LLC  
120050 - Wilton Telephone Company, Inc.

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

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

Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>
---------------------------	-------------------------------------------

Signature of Authorized Officer	Date 05/20/2016
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Printed name of Authorized Officer	Kevin G. Hess
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Title or position of Authorized Officer	Executive Vice President
-----------------------------------------	--------------------------

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

Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2016	
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**TDS Telecom Group-D**

190217 - Amelia Telephone Corporation  
452171 - Arizona Telephone Company  
462184 - Delta County Tele-Comm, Inc.  
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330909 - Midway Telephone Company, LLC  
330943 - Riverside Telecom, LLC  
320829 - Tipton Telephone Company, Inc.  
320830 - Tri-County Telephone Company, Inc.  
120049 - Union Telephone Company  
190253 - Virginia Telephone Company  
330968 - Waunakee Telephone Company, LLC  
120050 - Wilton Telephone Company, Inc.

**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	<b>See TDS Telecom ILEC Listing Below</b>
---------------------------	-------------------------------------------

Signature of Authorized Officer		Date 05/20/2016
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Printed name of Authorized Officer	Kevin G. Hess
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Title or position of Authorized Officer	Executive Vice President
-----------------------------------------	--------------------------

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

Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2016	
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**TDS Telecom Group-D**

190217 - Amelia Telephone Corporation  
452171 - Arizona Telephone Company  
462184 - Delta County Tele-Comm, Inc.  
260411 - Leslie County Telephone Company  
330909 - Midway Telephone Company, LLC  
330943 - Riverside Telecom, LLC  
320829 - Tipton Telephone Company, Inc.  
320830 - Tri-County Telephone Company, Inc.  
120049 - Union Telephone Company  
190253 - Virginia Telephone Company  
330968 - Waunakee Telephone Company, LLC  
120050 - Wilton Telephone Company, Inc.

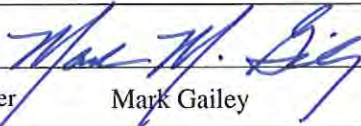
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Totah Communications, Inc.**

Signature of Authorized Officer



Date

6-10-2016

Printed name of Authorized Officer

Mark Gailey

Title or position of Authorized Officer

President / General Manager

Telephone number of Authorized Officer.

(918) 535-2208

Study Area Code of Reporting Carrier

**432030**

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.

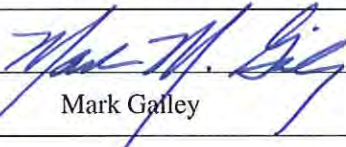
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Totah Communications, Inc.**

Signature of Authorized Officer



Date

*6-10-2016*

Printed name of Authorized Officer

Mark Galley

Title or position of Authorized Officer

President / General Manager

Telephone number of Authorized Officer.

(918) 535-2208

Study Area Code of Reporting Carrier

**412030**

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.

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Totah Communications, Inc.

Signature of Authorized Officer  Date 5/16/2016

Printed name of Authorized Officer Keith E. Watson

Title or position of Authorized Officer Executive Vice President/Controller

Telephone number of Authorized Officer: (918) 535-2208 ext.

Study Area Code of Reporting Carrier 412030 Filing Due Date for this form (mm/dd/yyyy) 6/16/2016

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



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

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

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

Name of Reporting Carrier				Totah Communications, Inc.	
Signature of authorized officer			Date		5/16/2016
Printed name of authorized officer			Keith E. Watson		
Title or position of authorized officer			Executive Vice President/Controller		
Telephone number of authorized officer:			(918) 535-2208 ext.		
Study Area Code of Reporting Carrier		412030	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States 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 <b>Totah Communications, Inc.</b>				
Signature of authorized officer 			Date <b>5/16/2016</b>	
Printed name of authorized officer <b>Keith E. Watson</b>				
Title or position of authorized officer <b>Executive Vice President/Controller</b>				
Telephone number of authorized officer: <b>(918) 535-2208</b>				
Study Area Code of Reporting Carrier <b>412030</b>		Filing Due Date for this form (mm/dd/yyyy) <b>6/16/2016</b>		
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>				

**TO BE COMPLETED BY THE REPORTING CARRIER,**

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

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

Name of Reporting Carrier **Totah Communications, Inc.**

Signature of Authorized Officer  Date **5/16/2016**

Printed name of Authorized Officer **Keith E. Watson**

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

Telephone number of Authorized Officer: **(918) 535-2208** ext.

Study Area Code of Reporting Carrier	<b>432030</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2016</b>
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Totah Communications, Inc.	
Signature of authorized officer			Date		5/16/2016
Printed name of authorized officer			Keith E. Watson		
Title or position of authorized officer			Executive Vice President/Controller		
Telephone number of authorized officer:			(918) 535-2208 ext.		
Study Area Code of Reporting Carrier		432030	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 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				Totah Communications, Inc.	
Signature of authorized officer			Date		5/16/2016
Printed name of authorized officer			Keith E. Watson		
Title or position of authorized officer			Executive Vice President/Controller		
Telephone number of authorized officer:			(918) 535-2208		
Study Area Code of Reporting Carrier		432030	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>					

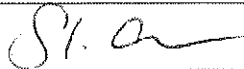
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Tri County Telephone Association, Inc.**

Signature of Authorized Officer



Date      5/31/16

Printed name of Authorized Officer                      Steven C. Harper

Title or position of Authorized Officer                      CFO

Telephone number of Authorized Officer.                      ( 307 ) 568-2427 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**512296**

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

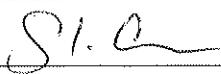
06/16/2016

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.



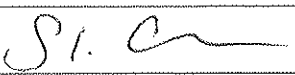
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier	<b>Tri County Telephone Association, Inc.</b>		
Signature of Authorized Officer		Date	<b>5/31/16</b>
Printed name of Authorized Officer	<b>Steven C. Harper</b>		
Title or position of Authorized Officer	<b>CFO</b>		
Telephone number or Authorized Officer.	<b>( 307 ) 568-2427 ext. _ _ _ _</b>		
Study Area Code of Reporting Carrier	<b>512296</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			


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

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

Name of Reporting Carrier		<b>Tri County Telephone Association, Inc.</b>	
Signature of Authorized Officer			Date <b>5/31/16</b>
Printed name of Authorized Officer		Steven C. Harper	
Title or position of Authorized Officer		CFO	
Telephone number or Authorized Officer.		( 307 ) 568-2427 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>512296</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

**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, the 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	<b>Tri County Telephone Association, Inc.</b>		
Signature of Authorized Officer		Date	<b>5/31/16</b>
Printed name of Authorized Officer	<b>Steven C. Harper</b>		
Title or position of Authorized Officer	<b>CFO</b>		
Telephone number or Authorized Officer.	<b>( 307 ) 568-2427 ext. _ _ _ _</b>		
Study Area Code of Reporting Carrier	<b>512296</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Chester Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date 6/10/16

Printed name of Authorized Officer                      David H. Brunt

Title or position of Authorized Officer                      Executive VP & CFO

Telephone number of Authorized Officer.                      ( 803 ) 581-9195 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240516**

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.

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

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

Name of Reporting Carrier **Chester Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer  Date **6/10/16**

Printed name of Authorized Officer **David H. Brunt**

Title or position of Authorized Officer **Executive VP & CFO**

Telephone number of Authorized Officer. **( 803 ) 581-9195 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier	<b>240516</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
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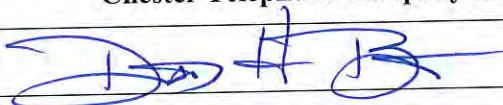
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier **Chester Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date **6/15/16**

Printed name of Authorized Officer

**David H. Brunt**

Title or position of Authorized Officer

**Executive VP & CFO**

Telephone number of Authorized Officer.

**( 803 ) 581-9195** ext. **---**

Study Area Code of Reporting Carrier

**240516**

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

**06/16/2016**

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**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, the 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 **Chester Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date **6/16/16**

Printed name of Authorized Officer **David H. Brunt**

Title or position of Authorized Officer **Executive VP & CFO**

Telephone number or Authorized Officer. **( 803 ) 581-9195 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**240516**

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

**06/16/2016**

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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Lockhart Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date

6-10-16

Printed name of Authorized Officer                      David H. Brunt

Title or position of Authorized Officer                      Executive VP & CFO

Telephone number of Authorized Officer.                      ( 803 ) 581-9195 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240532**

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.

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

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

Name of Reporting Carrier      **Lockhart Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date

**6-10-16**

Printed name of Authorized Officer

**David H. Brunt**

Title or position of Authorized Officer

**Executive VP & CFO**

Telephone number of Authorized Officer.

**( 803 ) 581-9195** ext. **----**

Study Area Code of Reporting Carrier

**240532**

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

**06/16/2016**

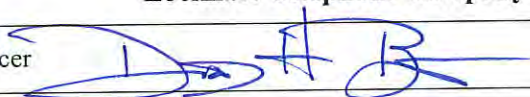
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier                      **Lockhart Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date

**6-10-16**

Printed name of Authorized Officer

**David H. Brunt**

Title or position of Authorized Officer

**Executive VP & CFO**

Telephone number of Authorized Officer.

**( 803 ) 581-9195** ext. **----**

Study Area Code of Reporting Carrier

**240532**

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

**06/16/2016**

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**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, the 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      **Lockhart Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date

**6-10-16**

Printed name of Authorized Officer

**David H. Brunt**

Title or position of Authorized Officer

**Executive VP & CFO**

Telephone number of Authorized Officer.

**( 803 ) 581-9195 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**240532**

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

**06/16/2016**

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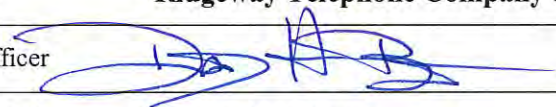
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Ridgeway Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date

6-10-16

Printed name of Authorized Officer                      David H. Brunt

Title or position of Authorized Officer                      Executive VP & CFO

Telephone number or Authorized Officer.                      ( 803 ) 581-9195 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240541**

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

06/16/2016

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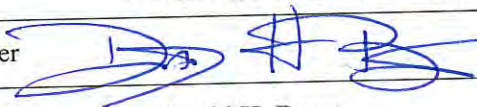


**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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 **Ridgeway Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date

**6-10-16**

Printed name of Authorized Officer

**David H. Brunt**

Title or position of Authorized Officer

**Executive VP & CFO**

Telephone number of Authorized Officer.

**( 803 ) 581-9195 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**240541**

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

**06/16/2016**

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

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

Name of Reporting Carrier **Ridgeway Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date

**6-10-16**

Printed name of Authorized Officer

**David H. Brunt**

Title or position of Authorized Officer

**Executive VP & CFO**

Telephone number of Authorized Officer.

**( 803 ) 581-9195** ext. **----**

Study Area Code of Reporting Carrier

**240541**

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

**06/16/2016**

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**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, the 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 **Ridgeway Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date **6-16-16**

Printed name of Authorized Officer **David H. Brunt**

Title or position of Authorized Officer **Executive VP & CFO**

Telephone number of Authorized Officer. **( 803 ) 581-9195 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**240541**

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

**06/16/2016**

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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 **Winnebago Cooperative Telecom Association**

Signature of Authorized Officer

*Mark Thoma*

Date

*5/27/16*

Printed name of Authorized Officer Mark Thoma

Title or position of Authorized Officer General Manager

Telephone number or Authorized Officer.

( 6 4 1 ) 5 9 2 6 1 0 5 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**351337-  
IA**

**361337-  
MN**

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

06/16/2016

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

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

Name of Reporting Carrier **Winnebago Cooperative Telecom Association**

Signature of Authorized Officer



Date

5/27/16

Printed name of Authorized Officer Mark Thoma

Title or position of Authorized Officer General Manager

Telephone number of Authorized Officer.

( 6 4 1 ) 5 9 2 6 1 0 5 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**351337-  
IA**

**361337-  
MN**

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


06/16/2016

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**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, the 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		<b>Winnebago Cooperative Telecom Association</b>	
Signature of Authorized Officer			Date <b>5/27/16</b>
Printed name of Authorized Officer		Mark Thoma	
Title or position of Authorized Officer		General Manager	
Telephone number or Authorized Officer.		( <u>6</u> <u>4</u> <u>1</u> ) <u>5</u> <u>9</u> <u>2</u> <u>6</u> <u>1</u> <u>0</u> <u>5</u> ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>351337- IA</b>  <b>361337- MN</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Winnebago Cooperative Telecom Association**

Signature of Authorized Officer



Date

5/27/16

Printed name of Authorized Officer                      Mark Thoma

Title or position of Authorized Officer                      General Manager

Telephone number of Authorized Officer.                      ( 641 ) 5 9 2 6 1 0 5 ext.                    

Study Area Code of Reporting Carrier

**351337-  
IA**

**361337-  
MN**

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

06/16/2016

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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Yadkin Valley Telephone Membership Corporation**

Signature of Authorized Officer



Date: 06/01/2016

Printed name of Authorized Officer                      Mitzie S. Branon

Title or position of Authorized Officer                      Chief Executive Officer

Telephone number of Authorized Officer.                      (336 ) 463-5022 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**230511**

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

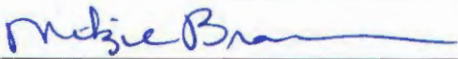


06/16/2016

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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	<b>Yadkin Valley Telephone Membership Corporation</b>				
Signature of Authorized Officer		Date: 06/01/2016			
Printed name of Authorized Officer	Mitzie S. Branon				
Title or position of Authorized Officer	Chief Executive Officer				
Telephone number or Authorized Officer.	( 336 ) 463-5022 ext. _ _ _ _				
Study Area Code of Reporting Carrier	<b>230511</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2016	

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

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


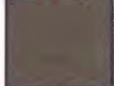
Name of Reporting Carrier	<b>Yadkin Valley Telephone Membership Corporation</b>
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Signature of Authorized Officer		Date: 06/01/2016
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Printed name of Authorized Officer	<b>Mitzie S. Branon</b>
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Title or position of Authorized Officer	<b>Chief Executive Officer</b>
-----------------------------------------	--------------------------------

Telephone number or Authorized Officer.	<b>( 336 ) 463-5022 ext. _ _ _ _</b>
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Study Area Code of Reporting Carrier	<b>230511</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>	
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**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, the 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	<b>Yadkin Valley Telephone Membership Corporation</b>
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Signature of Authorized Officer		Date: 06/01/2016
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Printed name of Authorized Officer	<b>Mitzie S. Branon</b>
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Title or position of Authorized Officer	<b>Chief Executive Officer</b>
-----------------------------------------	--------------------------------

Telephone number or Authorized Officer.	<b>( 336 ) 463-5022 ext. _ _ _ _ _</b>
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Study Area Code of Reporting Carrier	<b>230511</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>	
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