

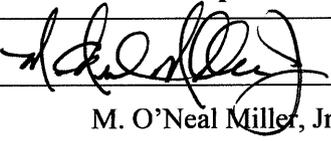
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

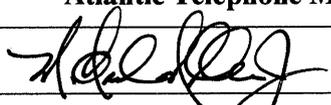
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>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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**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>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 of 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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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

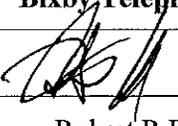
**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier	<b>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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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

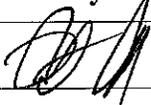
**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier	<b>Bixby Telephone Company</b>		
Signature of Authorized Officer		Date	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	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**

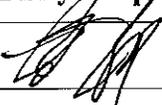
**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; 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	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	Filing Due Date for this form (mm/dd/yyyy)	06/17/2016

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

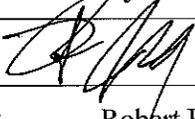
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier	<b>Bixby Telephone Company</b>		
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	<b>431969</b>	Filing Due Date for this form (mm/dd/yyyy)	06/17/2016

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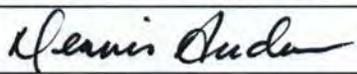
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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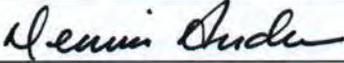
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

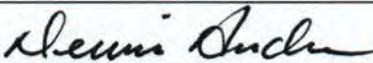
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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>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 of 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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>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 of 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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**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>Brindlee Mountain Telephone LLC</b>	
Signature of Authorized Officer		<i>Dennis Andrews</i>	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>250283</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	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	240515	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	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 of Authorized Officer.	(864) 461-2211 ext. _____ ext. _____		
Study Area Code of Reporting Carrier	240515	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**

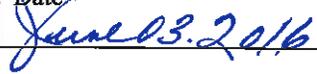
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier		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 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 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	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	<b>240515</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	<b>Citizens Telephone Company d/b/a Comporium Communications</b>		
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	<b>230473</b>		Filing Due Date for this form (mm/dd/yyyy)
			06/16/2016

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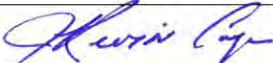
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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>Citizens Telephone Company d/b/a Comporium Communications</b>	
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	<b>230473</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>Citizens Telephone Company d/b/a Comporium Communications</b>	
Signature of Authorized Officer		Date	<i>6/15/16</i>
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	<b>230473</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                      **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 or Authorized Officer.

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

Study Area Code of Reporting Carrier

**230473**

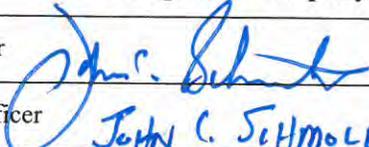
Filing Due Date for this form  
(mm/dd/yyyy)

**06/16/2016**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company</b>	
Signature of Authorized Officer		Date	
		06-13-16	
Printed name of Authorized Officer		JOHN C. SCHMOLOT	
Title or position of Authorized Officer		VICE PRESIDENT	
Telephone number or 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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 **Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company**

Signature of Authorized Officer *John C. Schmidt* Date **06-13-16**

Printed name of Authorized Officer **JOHN C. SCHMIDT**

Title or position of Authorized Officer **VICE PRESIDENT**

Telephone number or Authorized Officer. **(606) 479 6254** 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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**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                      *John C. Schmolz*                      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	<b>260408</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                      **Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company**

Signature of Authorized Officer                      *John C. Schmolz*                      Date                      **06-13-16**

Printed name of Authorized Officer                      **JOHN C. SCHMOLZ**

Title or position of Authorized Officer                      **VICE PRESIDENT**

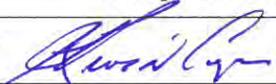
Telephone number or Authorized Officer.                      **(606) 479 6254** ext. \_\_\_\_\_

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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**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>Comporium, Inc.</b>		
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	<b>240542</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 as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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>Comporium, Inc.</b>	
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 of Authorized Officer.		( 803 ) 326-7626 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>240542</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>Comporium, Inc.</b>	
Signature of Authorized Officer		Date <i>6/15/16</i>	
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	<b>240542</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016

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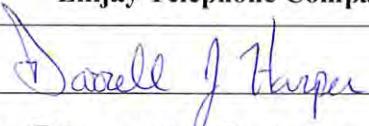
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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>Comporium, Inc.</b>	
Signature of Authorized Officer		Date	<i>6/15/16</i>
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	<b>240542</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	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	<b>220360</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**

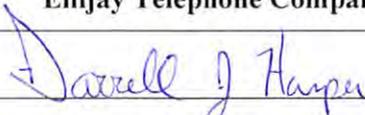
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier		Ellijay Telephone Company	
Signature of Authorized Officer	<i>Darrell J. Harper</i>	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		<b>Ellijay Telephone Company</b>	
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	<b>220360</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 as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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>Ellijay Telephone Company</b>		
Signature of Authorized Officer	<i>Darrell J. Harper</i>	Date	<i>June 14, 2016</i>
Printed name of Authorized Officer	<i>Darrell J. Harper</i>		
Title or position of Authorized Officer	<i>Vice President of Admin + Finance</i>		
Telephone number of Authorized Officer.	<i>(706) 276 2271 ext. 5519</i>		
Study Area Code of Reporting Carrier	<b>220360</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	Etex Telephone Cooperative, Inc.		
Signature of Authorized Officer	<i>Charlie Cano</i>	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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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                      **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**

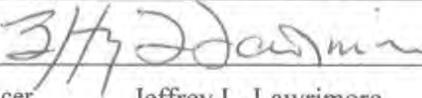
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

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 of 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	<b>Farmers Telephone Cooperative, Inc.</b>		
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	<b>240520</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016

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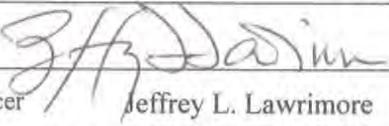
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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>Farmers Telephone Cooperative, Inc.</b>	
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	<b>240520</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
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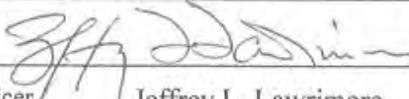
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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>Farmers Telephone Cooperative, Inc.</b>	
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	<b>240520</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>Farmers Telephone Cooperative, Inc.</b>		
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	<b>240520</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**

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Fort Mill Telephone Company d/b/a Comporium Communications</b>		
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	<b>240521</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 **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 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

*6/15/14*

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 **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 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  
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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 or 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                      **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 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                      **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 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                      **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 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

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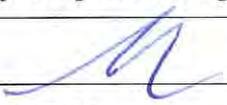
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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>Hargray Telephone Company</b>	
Signature of Authorized Officer		Date	6/13/16
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)	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	<b>Hargray Telephone Company</b>		
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	<b>240523</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>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		<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 of Authorized Officer.		(843) 686 – 1210 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>240512</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 as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 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)	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	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	<b>240512</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 as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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>Home Telephone ILEC, d/b/a Home Telecom</b>	
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.	( <u>843</u> ) <u>761-9100</u> ext. _____		
Study Area Code of Reporting Carrier	<b>240527</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 **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)	<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	<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.	( <u>843</u> ) <u>761-9100</u> ___ 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

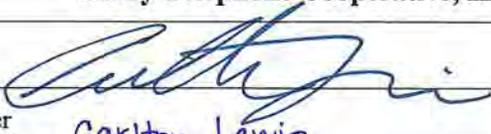
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**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)

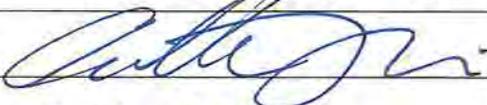
06/16/2016

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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 or 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

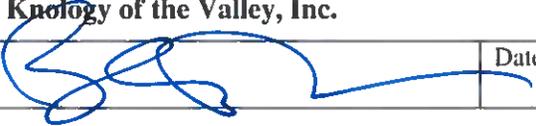
Filing Due Date for this form  
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06/16/2016

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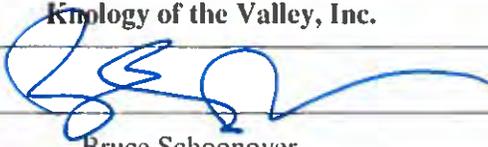
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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	<b>220371</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**

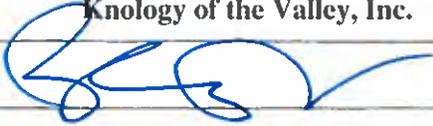
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier	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

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

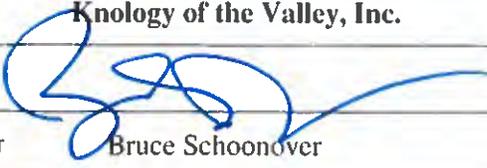
**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier	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	

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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	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

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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	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                      **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 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**

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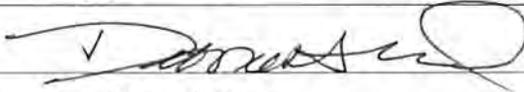
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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>Lancaster Telephone Company d/b/a Comporium Communications</b>	
Signature of Authorized Officer		Date	<i>6/15/16</i>
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	<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  
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.**

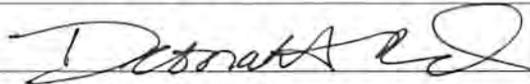
Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Livingston Telephone Company		
Signature of Authorized Officer		Date	6/1/16
Printed name of Authorized Officer	Deborah Rand		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer.	( 603 ) 472 9786 ext. _ _ _ _		
Study Area Code of Reporting Carrier	442107	Filing Due Date for this form (mm/dd/yyyy)	06/17/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 **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**

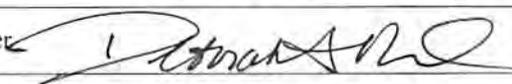
Filing Due Date for this form  
(mm/dd/yyyy)

**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 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>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

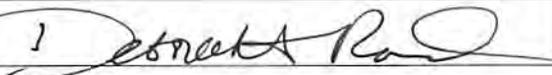
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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**

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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                      **Millington Telephone Company, Inc.**

Signature of Authorized Officer

*John D. Strode*

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**

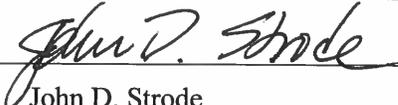
Filing Due Date for this form  
(mm/dd/yyyy)

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.

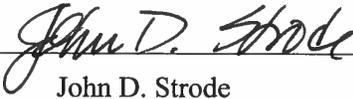
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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**

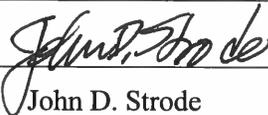
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant 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	<b>290571</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                      **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 of Authorized Officer.              ( 620 ) 345-2832 ext. \_ \_ \_ \_

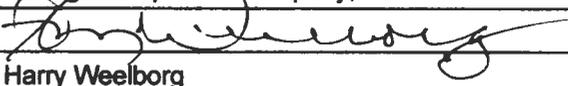
Study Area Code of Reporting Carrier	<b>411808</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C.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

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).

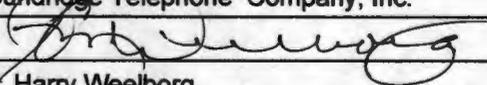
Name of Reporting Carrier		Moundridge Telephone Company, Inc.	
Signature of authorized officer		Date	5/16/2016
Printed name of authorized officer	Harry Weelborg		
Title or position of authorized officer	General Manager		
Telephone number of authorized officer:	(620) 345-2832		
Study Area Code of Reporting 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**

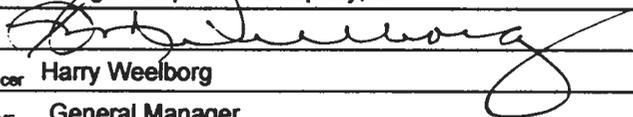
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §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		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

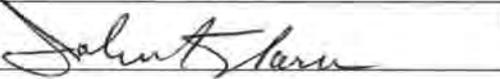
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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	<b>Mt. Horeb Telephone Co.</b>		
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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>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)	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>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 Not Seeking Duplicative Recovery**

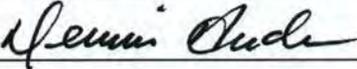
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier		<b>Mt. Horeb Telephone Co.</b>	
Signature of Authorized Officer	<i>John Klarer</i>	Date	<i>0-1-2016</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  
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 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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 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 Eligibility for CAF/ICC Recovery**

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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	<i>Dennis Andrews</i>	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)	<b>06/16/2016</b>
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**Certification of Officer  
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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	<b>240538</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>	
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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 **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**

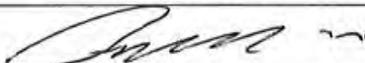
Filing Due Date for this form  
(mm/dd/yyyy)

06/16/2016

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

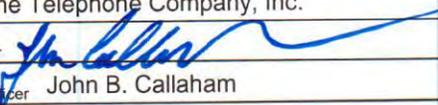
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

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	<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.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

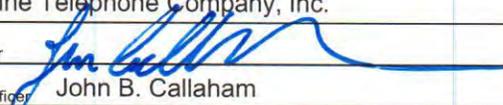
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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**

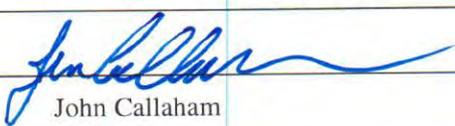
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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 ext.			
Study Area Code of Reporting Carrier	432017	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

**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 of Authorized Officer.	5805843355		
Study Area Code of Reporting Carrier	432017	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.			

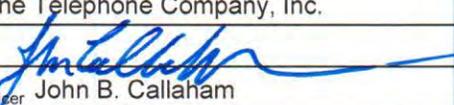
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 ext.

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 Telephones 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 | 4 1 1 8 1 7 | 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



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

4 1 1 8 1 7

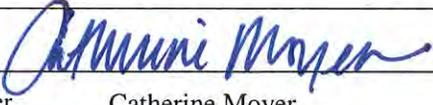
Filing Due Date for this form

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	<b>Pioneer Telephone Association, Inc.</b>		
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. <u>1 3 3</u> _		
Study Area Code of Reporting Carrier	<b>411817</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.

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

*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

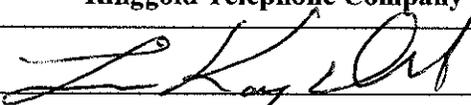
Filing Due Date for this form  
(mm/dd/yyyy)

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	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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 **Ringgold Telephone Company**

Signature of Authorized Officer



Date

**6.1.2016**

Printed name of Authorized Officer

**Lisa Kay Duker**

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**

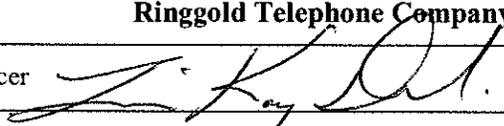
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

Study Area Code of Reporting Carrier

**220382**

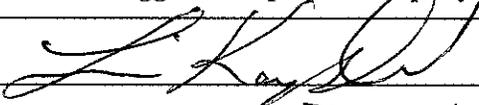
Filing Due Date for this form  
(mm/dd/yyyy)

**06/16/2016**

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

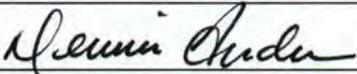
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier		<b>Ringgold Telephone Company</b>	
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

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

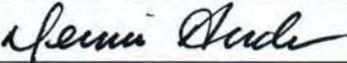
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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 of 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 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>
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)	<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 **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 or Authorized Officer.

(336) 876-6304

Study Area Code of Reporting Carrier

**230501**

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 **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 or 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                      **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

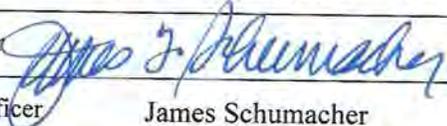
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

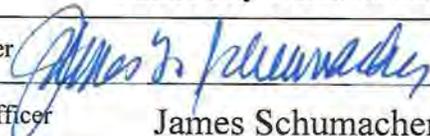
**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier	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**

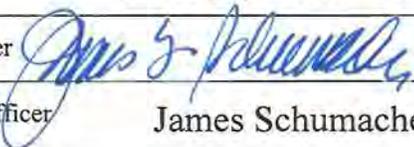
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>Smart City Telecommunications LLC d/b/a Smart City Telecom</b>		
Signature of Authorized Officer		Date	
Printed name of Authorized Officer	<b>James Schumacher</b>		
Title or position of Authorized Officer	<b>VP Finance &amp; Administration</b>		
Telephone number or Authorized Officer.	<b>( 407 ) 828-6656 ext. _ _ _ _</b>		
Study Area Code of Reporting Carrier	<b>210330</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		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	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 Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier **South 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	<b>260418</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 **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**

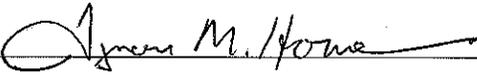
Telephone number of Authorized Officer. **(270) 678 2111** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<b>260418</b>	Filing Due Date for this form (mm/dd/yyyy)	<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  
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 or Authorized Officer.	( 9 10 ) 564-7827 ext. _____		
Study Area Code of Reporting Carrier	<b>230502</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 as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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>Star Telephone Membership Corp.</b>	
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	<b>230502</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                      **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**

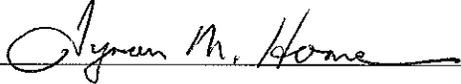
Filing Due Date for this form  
(mm/dd/yyyy)

06/16/2016

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

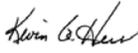
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier		<b>Star Telephone Membership Corp.</b>	
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	<b>230502</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>

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**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.

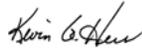
290575 – Tennessee Telephone Company

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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                      **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-A**

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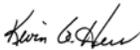
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431984 – Oklahoma Communication Systems, Inc.

290575 – Tennessee Telephone Company

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

220351 - Camden Telephone and Telegraph Company, Inc.

330917 – Mt Vernon Telephone Company, LLC

431984 – Oklahoma Communication Systems, Inc.

290575 – Tennessee Telephone Company

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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 of Authorized Officer.              (608)664-4160 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**See TDS  
TELECOM  
ILEC Listing  
Below**

Filing Due Date for this form  
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06/16/2016

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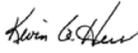
330917 – Mt Vernon Telephone Company, LLC

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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

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**TDS Telecom-Group B**

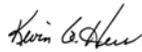
- |   |   |
|---|---|
| 361350 Arvig Telephone Co.              | 220375 Nelson-Ball Ground Telephone Co.       |
| 330844 Badger Telecom, LLC              | 210338 Quincy (FL) Telephone Co.              |
| 220346 Blue Ridge Telephone Co.         | 220338 Quincy (GA) Telephone Co.              |
| 361362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

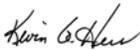
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**TDS Telecom-Group B**

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

- |   |   |
|---|---|
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| 361362 Bridge Water Telephone Co.       | 330954 Stockbridge and Sherwood Tel. Co., LLC |
| 330859 Central State Telephone Co., LLC | 462207 Strasburg Telephone Co.                |
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| 330881 Mid-Plains Telephone, LLC        | 330963 UTELCO, LLC.                           |
| 361433 Mid State Telephone Company      |   |

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

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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

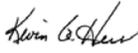
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**TDS Telecom-Group B**

- |   |   |
|---|---|
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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 C**

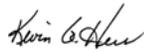
- 250284 - Butler Telephone Company, Inc.
- 320776 - Communications Corporation of Indiana
- 120045 - Kearsarge Telephone Co.
- 120047 - Merrimack County Telephone Co.
- 123321 - MCTA, Inc.
- 250314 - Peoples Telephone Company, Inc.
- 100024 - Somerset Telephone Company
- 452174 - Southwestern Telephone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

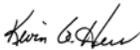
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**TDS Telecom-Group C**

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- 120045 - Kearsarge Telephone Co.
- 120047 - Merrimack County Telephone Co.
- 123321 - MCTA, Inc.
- 250314 - Peoples Telephone Company, Inc.
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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 C**

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- 250314 - Peoples Telephone Company, Inc.
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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**

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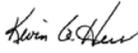
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Name of Reporting Carrier	<b>See TDS Telecom ILEC Listing Below</b>		
Signature of Authorized Officer		Date	05/20/2016
Printed name of Authorized Officer	Kevin G. Hess		
Title or position of Authorized Officer	Executive Vice President		
Telephone number 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**

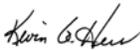
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**TDS Telecom Group-D**

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

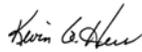
- 190217 - Amelia Telephone Corporation
- 452171 - Arizona Telephone Company
- 462184 - Delta County Tele-Comm, Inc.
- 260411 - Leslie County Telephone Company
- 330909 - Midway Telephone Company, LLC
- 330943 - Riverside Telecom, LLC
- 320829 - Tipton Telephone Company, Inc.
- 320830 - Tri-County Telephone 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 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                      **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

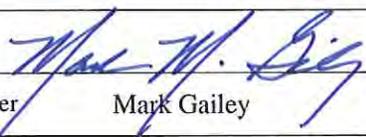
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**TDS Telecom Group-D**

- 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.

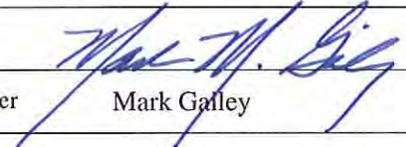
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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**

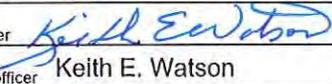
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Totah Communications, Inc.	
Signature of Authorized Officer			<i>Keith E. Watson</i>		
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).

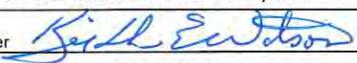
Name of Reporting Carrier				Totah Communications, Inc.	
Signature of authorized officer				Date	5/16/2016
Printed name of authorized officer		Keith E. Watson			
Title or position of authorized officer		Executive Vice President/Controller			
Telephone number of authorized officer:		(918) 535-2208			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

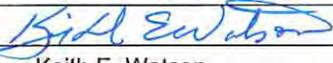
Name of Reporting Carrier				Totah Communications, Inc.	
Signature of authorized officer				Date	5/16/2016
Printed name of authorized officer		Keith E. Watson			
Title or position of authorized officer		Executive Vice President/Controller			
Telephone number of authorized officer:		(918) 535-2208 ext.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

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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		432030	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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		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**

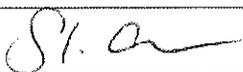
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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 ext.			
Study Area Code of Reporting Carrier		432030	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

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

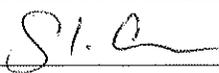
**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; 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 of 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	5/31/16
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)	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>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 of 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 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 

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

6/16/16

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

**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 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 **6/10/16**

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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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>Chester Telephone Company d/b/a TruVista Communications</b>	
Signature of Authorized Officer		Date <b>6/16/16</b>	
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	<b>240516</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                      **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 or Authorized Officer.                      ( 803 ) 581-9195 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<b>240532</b>		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.

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

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

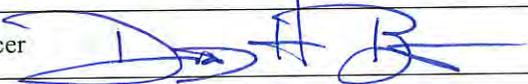
Study Area Code of Reporting Carrier	<b>240532</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 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 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	<b>240532</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 **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 or Authorized Officer. **( 803 ) 581-9195 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier	<b>240532</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                      **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	<b>240541</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	<b>Ridgeway Telephone Company d/b/a TruVista Communications</b>			
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	<b>Ridgeway Telephone Company d/b/a TruVista Communications</b>		
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>240541</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>

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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		<b>Winnebago Cooperative Telecom Association</b>	
Signature of Authorized Officer	<i>Mark Thoma</i>	Date	<i>5/27/16</i>
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>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>Winnebago Cooperative Telecom Association</b>	
Signature of Authorized Officer		<i>Mark Thoma</i>	Date <i>5/27/16</i>
Printed name of Authorized Officer		Mark Thoma	
Title or position of Authorized Officer		General Manager	
Telephone number of 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>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2016</b>
	<b>361337- MN</b>		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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	<b>Winnebago Cooperative Telecom Association</b>		
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.	( <u>641</u> ) <u>5</u> <u>92</u> <u>6</u> <u>105</u> ext. _____		
Study Area Code of Reporting Carrier	<b>351337- IA</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2016
	<b>361337- MN</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	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

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

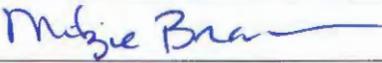
Filing Due Date for this form  
(mm/dd/yyyy)

06/16/2016

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**Certification of Officer 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>	
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 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 **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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