

VOLUME 1

APPENDIX D Exhibit 1

CARRIER CERTIFICATIONS Carriers not Seeking Duplicative Recovery

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, 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: OXFORD WEST TEL CO					
Signature of Authorized Officer or employee: Dawna Hannan				Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford west tel co,l=Lewiston ME 04240, Date:5/26/2016	
Date: 5/26/2016					
Printed name of Authorized Officer or employee: Dawna Hannan					
Title or position of Authorized Officer or employee: Director Regulatory Affairs					
Telephone number of Authorized Officer or employee: 207-333-3455					
Study Area Code of Reporting Carrier	100002		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Lincolnvill Networks, Inc.	
Signature of authorized officer			Date		5/20/16
Printed name of authorized officer			Shirley P Manning		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(207) 563-9911 ext.		
Study Area Code of Reporting Carrier		100003	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

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

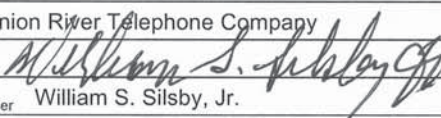
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: OXFORD COUNTY TEL</p>					
<p>Signature of Authorized Officer or employee: Dawna Hannan</p>				<p><small>Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford county tel,l=Lewiston ME 04240, Date:5/26/2016</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Dawna Hannan</p>					
<p>Title or position of Authorized Officer or employee: Director Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer or employee: 207-333-3455</p>					
Study Area Code of Reporting Carrier	100019		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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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: PINE TREE TEL LLC					
Signature of Authorized Officer or employee: Dennis Andrews				Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=pine tree tel llc, Date:5/25/2016	
				Date: 5/25/2016	
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 256-586-1420					
Study Area Code of Reporting Carrier	100020		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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			
<p>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).</p>			
Name of Reporting Carrier Union River Telephone Company			
Signature of authorized officer 		Date	05/17/2016
Printed name of authorized officer William S. Silsby, Jr.			
Title or position of authorized officer President/General Manager			
Telephone number of authorized officer: (207) 584-9911 , ext.			
Study Area Code of Reporting Carrier 100027		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: UNITEL, INC.					
Signature of Authorized Officer or employee: Laurie Osgood				<small>Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@uninets.net,O=unitel, inc.,l=Unity ME 04988-0165, Date: 5/23/2016</small> Date: 5/23/2016	
Printed name of Authorized Officer or employee: Laurie Osgood					
Title or position of Authorized Officer or employee: CEO/President					
Telephone number of Authorized Officer or employee: 207-948-9952					
Study Area Code of Reporting Carrier	100029		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: MID-MAINE TELECOM</p>					
<p>Signature of Authorized Officer or employee: Dennis Andrews</p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,l= , Date:5/25/2016</small></p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Dennis Andrews</p>					
<p>Title or position of Authorized Officer or employee: Sr Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 256-586-1420</p>					
<p>Study Area Code of Reporting Carrier</p>	103315		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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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: GRANBY TEL LLC					
Signature of Authorized Officer or employee: Dennis Andrews				Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=granby tel llc,lc= , Date:5/25/2016	
Date: 5/25/2016					
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 256-586-1420					
Study Area Code of Reporting Carrier	110036		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: X5 RTC LLC</p>					
<p>Signature of Authorized Officer or employee: John London</p>				<p>Digitally signed by John London DN:cn=John London,email=jlondon@x5solutions.com,O=x5 rtc llc,lc= , Date: 5/26/2016</p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: John London</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 214-932-9293</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>110737</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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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, 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 Bretton Woods Telephone Company, Inc.			
Signature of authorized officer 		Date	5/18/16
Printed name of authorized officer Art Nicholson			
Title or position of authorized officer V.P. Operations			
Telephone number of authorized officer: (603) 278-9911 ext.			
Study Area Code of Reporting Carrier 120038		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Granite State Telephone, Inc.	
Signature of authorized officer		<i>Susan Rand King</i>		Date	5/20/2016
Printed name of authorized officer		Susan Rand King			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(603) 529-6233			
Study Area Code of Reporting Carrier		120039	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: DIXVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Ann Walsh</p>				<p><small>Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co,l=, Date:5/19/2016</small></p> <p>Date: 5/19/2016</p>	
<p>Printed name of Authorized Officer or employee: Ann Walsh</p>					
<p>Title or position of Authorized Officer or employee: Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 781-402-1731</p>					
Study Area Code of Reporting Carrier	120042		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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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: DUNBARTON TEL CO					
Signature of Authorized Officer or employee: David Montgomery				Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer or employee: David Montgomery					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 603-774-9911					
Study Area Code of Reporting Carrier	120043		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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<p>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).</p>					
<p>Name of Reporting Carrier: FRANKLIN TEL CO - VT</p>					
<p>Signature of Authorized Officer or employee: Kimberly Gates Maynard</p>				<p>Digitally signed by Kimberly Gates Maynard DN: cn=Kimberly Gates Maynard, email=ftc@franklinvt.net, O=franklin tel co - vt, I=Franklin VT 05457, Date: 5/26/2016</p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Kimberly Gates Maynard</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 802-285-9911</p>					
<p>Study Area Code of Reporting Carrier</p>	140053		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SHOREHAM TEL.</p>					
<p>Signature of Authorized Officer or employee: Dennis Andrews</p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=shoreham tel.,l= , Date:5/25/2016</small></p> <p>Date: 5/25/2016</p>	
<p>Printed name of Authorized Officer or employee: Dennis Andrews</p>					
<p>Title or position of Authorized Officer or employee: Sr Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 256-586-1420</p>					
Study Area Code of Reporting Carrier	140064		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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	TOSHAM TELEPHONE COMPANY, INC.		
Signature of authorized officer	Mark De Perrior	Date	05/26/2016
Printed name of authorized officer	MARK DE PERRIOR		
Title or position of authorized officer	CONTROLLER		
Telephone number of authorized officer:	(215) 226-5944 ext.		
Study Area Code of Reporting Carrier	140068	Filing Due Date for this form (mm/dd/yyyy)	6/15/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: WAITSFIELD/FAYSTON</p>					
<p>Signature of Authorized Officer or employee: Roger Nishi</p>				<p><small>Digitally signed by Roger Nishi DN: cn=Roger Nishi, email=mnishi@wcvr.com, O=Waitsfield/fayston, l=Waitsfield VT 05673, Date: 5/20/2016</small></p> <p>Date: 5/20/2016</p>	
<p>Printed name of Authorized Officer or employee: Roger Nishi</p>					
<p>Title or position of Authorized Officer or employee: Vice President - Industry Relations</p>					
<p>Telephone number of Authorized Officer or employee: 802-496-8336</p>					
<p>Study Area Code of Reporting Carrier</p>	140069		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: VERMONT TEL. CO-VT</p>					
<p>Signature of Authorized Officer or employee: Fran Stocker</p>				<p><small>Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt,l= , Date:5/27/2016</small></p>	
<p>Date: 5/27/2016</p>					
<p>Printed name of Authorized Officer or employee: Fran Stocker</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 802-885-7745</p>					
<p>Study Area Code of Reporting Carrier</p>	147332		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
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<p>Name of Reporting Carrier: ARMSTRONG TEL CO-NY</p>					
<p>Signature of Authorized Officer or employee: Mark Rankin</p>				<p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel co-ny,lc=US, Date:5/20/2016</small></p>	
<p>Date: 5/20/2016</p>					
<p>Printed name of Authorized Officer or employee: Mark Rankin</p>					
<p>Title or position of Authorized Officer or employee: Vice President Finance</p>					
<p>Telephone number of Authorized Officer or employee: 724-283-0925</p>					
<p>Study Area Code of Reporting Carrier</p>	150071		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>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).</p>					
<p>Name of Reporting Carrier: CASSADAGA TEL CORP</p>					
<p>Signature of Authorized Officer or employee: Mark Maytum</p>				<p><small>Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@df.tel.com,O=cassadaga tel corp,l=Fredonia NY 14063-0209, Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Mark Maytum</p>					
<p>Title or position of Authorized Officer or employee: President, COO</p>					
<p>Telephone number of Authorized Officer or employee: 716-673-3016</p>					
<p>Study Area Code of Reporting Carrier</p>	150076		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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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: CHAMPLAIN TEL CO					
Signature of Authorized Officer or employee: Mark Webster				Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel co,l=Champlain NY 12919, Date:5/20/2016	
				Date: 5/20/2016	
Printed name of Authorized Officer or employee: Mark Webster					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 518-298-2480					
Study Area Code of Reporting Carrier	150077		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				CHAY AND WESTPORT TELEPHONE CORPORATION	
Signature of authorized officer			Date		5/18/2016
Printed name of authorized officer			JAMES P. FORCIER		
Title or position of authorized officer			PRESIDENT		
Telephone number of authorized officer: 518,962			, ext. 8211		
Study Area Code of Reporting Carrier		150079	Filing Due Date for this form (mm/dd/yyyy)		6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				CITIZENS TELEPHONE COMPANY OF HAMMOND, N.Y., INC.			
Signature of authorized officer				Mark De Peraz		Date	
						05/26/2016	
Printed name of authorized officer				MARK DE PERAZ			
Title or position of authorized officer				CONTROLLER			
Telephone number of authorized officer: (315) 324-5911, ext.							
Entity ARRA Code of Reporting Carrier		150081		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: CROWN POINT TEL CORP					
Signature of Authorized Officer or employee: Shana Macey				Digitally signed by Shana Macey DN:cn=Shana Macey,email=shana.macey@cptelco.net,O=crown point tel corp,I=Crown Point NY 12928, Date:5/23/2016	
				Date: 5/23/2016	
Printed name of Authorized Officer or employee: Shana Macey					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 518-597-3300					
Study Area Code of Reporting Carrier	150085		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: DELHI TEL CO					
Signature of Authorized Officer or employee: Jason Miller				Digitally signed by Jason Miller DN:cn=Jason Miller,email=jason@delhitel.com,O=delhi tel co,l=Delhi NY 13753, Date:5/24/2016	
				Date: 5/24/2016	
Printed name of Authorized Officer or employee: Jason Miller					
Title or position of Authorized Officer or employee: Vice President/Treasurer					
Telephone number of Authorized Officer or employee: 607-746-1524					
Study Area Code of Reporting Carrier	150088		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: DUNKIRK & FREDONIA					
Signature of Authorized Officer or employee: Mark Maytum				Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=dunkirk & fredonia,l=Fredonia NY 14063-0209, Date:5/17/2016	
				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Mark Maytum					
Title or position of Authorized Officer or employee: President, COO					
Telephone number of Authorized Officer or employee: 716-673-3016					
Study Area Code of Reporting Carrier	150091		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: EMPIRE TEL CORP					
Signature of Authorized Officer or employee: Tom Prestigiacomio				Digitally signed by Tom Prestigiacomio DN:cn=Tom Prestigiacomio,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:5/17/2016	
				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Tom Prestigiacomio					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 607-522-4237					
Study Area Code of Reporting Carrier	150093		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: FISHERS ISLAND TEL					
Signature of Authorized Officer or employee: J. Finan				Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=fishers island tel,l= , Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: J. Finan					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 631-788-7251					
Study Area Code of Reporting Carrier	150095		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: GERMANTOWN TEL CO					
Signature of Authorized Officer or employee: Bruce Bohnsack				Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel co,l=Germantown NY 12526, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Bruce Bohnsack					
Title or position of Authorized Officer or employee: President and CEO					
Telephone number of Authorized Officer or employee: 518-537-4835					
Study Area Code of Reporting Carrier	150097		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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 TEL CO					
Signature of Authorized Officer or employee: Robert Wrighter, Jr				Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjr@hancocktelephone.com,O=hancock tel co,l=Hancock NY 13783, Date:5/17/2016	
				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Robert Wrighter, Jr					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 607-637-9912					
Study Area Code of Reporting Carrier	150099		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: MARGARETVILLE TEL CO					
Signature of Authorized Officer or employee: Glen Faulkner				Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel co,l=Margaretville NY 12455, Date:5/17/2016	
				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Glen Faulkner					
Title or position of Authorized Officer or employee: Asst Secretary / Treasurer					
Telephone number of Authorized Officer or employee: 845-586-3311					
Study Area Code of Reporting Carrier	150104		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: MIDDLEBURGH TEL CO</p>					
<p>Signature of Authorized Officer or employee: Marjorie Becker</p>				<p><small>Digitally signed by Marjorie Becker DN:cn=Marjorie Becker, email=info@midtel.net, O=middleburgh tel co, j=Middleburgh NY 12122-0191, Date: 5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Marjorie Becker</p>					
<p>Title or position of Authorized Officer or employee: CEO & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 518-827-5211</p>					
Study Area Code of Reporting Carrier	150105		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NEWPORT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Joseph Tomaino</p>				<p><small>Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel co,l=Newport NY 13416, Date:5/19/2016</small></p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: Joseph Tomaino</p>					
<p>Title or position of Authorized Officer or employee: Vice President of Operations</p>					
<p>Telephone number of Authorized Officer or employee: 315-845-8112</p>					
<p>Study Area Code of Reporting Carrier</p>	150107		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: NICHOLVILLE TEL CO					
Signature of Authorized Officer or employee: Jeffrey McGrath				<small>Digitally signed by Jeffrey McGrath DN: cn=Jeffrey McGrath, email=jmcgrath@slc.com, O=nicholville tel co, j=Nicholville NY 12965, Date: 5/20/2016</small> Date: 5/20/2016	
Printed name of Authorized Officer or employee: Jeffrey McGrath					
Title or position of Authorized Officer or employee: Vice President/CIO					
Telephone number of Authorized Officer or employee: 315-328-5333					
Study Area Code of Reporting Carrier	150108		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: ONEIDA COUNTY RURAL</p>					
<p>Signature of Authorized Officer or employee: Heather Kirkland</p>				<p><small>Digitally signed by Heather Kirkland DN:cn=Heather Kirkland,email=hkirkland@ocrt.com,O=oneida county rural,l= , Date:5/25/2016</small></p> <p>Date: 5/25/2016</p>	
<p>Printed name of Authorized Officer or employee: Heather Kirkland</p>					
<p>Title or position of Authorized Officer or employee: Director of Finance & Accounting</p>					
<p>Telephone number of Authorized Officer or employee: 315-865-5201</p>					
<p>Study Area Code of Reporting Carrier</p>	150111		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: ONTARIO TEL CO, INC.					
Signature of Authorized Officer or employee: Sean Socha				<small>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=ontario tel co, inc.,l= , Date:5/17/2016</small> Date: 5/17/2016	
Printed name of Authorized Officer or employee: Sean Socha					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 585-433-6666					
Study Area Code of Reporting Carrier	150112		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: PATTERSONVILLE TEL					
Signature of Authorized Officer or employee: Tammy Krisher				Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel,l=Rotterdam Junc NY 12150, Date:5/18/2016	
				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Tammy Krisher					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 518-887-2121					
Study Area Code of Reporting Carrier	150116		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: STATE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mark Evans</p>				<p><small>Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel co,l=Coxsackie NY 12051, Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Mark Evans</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 518-731-6128</p>					
Study Area Code of Reporting Carrier	150125		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TRUMANSBURG TEL CO.</p>					
<p>Signature of Authorized Officer or employee: Sean Socha</p>				<p>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=trumansburg tel co.,l= , Date:5/17/2016</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Sean Socha</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 585-433-6666</p>					
<p>Study Area Code of Reporting Carrier</p>	150131		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ALTEVA WARWICK</p>					
<p>Signature of Authorized Officer or employee: Matthew Conroy</p>				<p><small>Digitally signed by Matthew Conroy DN:cn=Matthew Conroy,email=mconroy@momentumtelecom.com,O=alteva warwick,l= , Date: 5/25/2016</small></p> <p>Date: 5/25/2016</p>	
<p>Printed name of Authorized Officer or employee: Matthew Conroy</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 205-978-4430</p>					
Study Area Code of Reporting Carrier	150135		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
Name of Reporting Carrier: ALTEVA WARWICK					
Signature of Authorized Officer or employee: Matthew Conroy				<small>Digitally signed by Matthew Conroy DN:cn=Matthew Conroy,email=mconroy@momentumtelecom.com,O=alteva warwick,l= , Date: 5/25/2016</small> Date: 5/25/2016	
Printed name of Authorized Officer or employee: Matthew Conroy					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 205-978-4430					
Study Area Code of Reporting Carrier	160135		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: CITIZENS - KECKSBURG</p>					
<p>Signature of Authorized Officer or employee: Dennis Cutrell</p>				<p><small>Digitally signed by Dennis Cutrell DN:cn=Dennis Cutrell,email=Dennis.Cutrell@ctzn.net,O=citizens - kecksburg,l=Mammoth PA 15664-0156, Date:5/17/2016</small></p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Dennis Cutrell</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 724-424-4444</p>					
<p>Study Area Code of Reporting Carrier</p>	170156		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 <u>Hickory Telephone Company</u>			
Signature of authorized officer <u>Terril Jeffers</u>		Date <u>5/18/16</u>	
Printed name of authorized officer <u>Terril Jeffers</u>			
Title or position of authorized officer <u>Marketing Director</u>			
Telephone number of authorized officer: <u>(724)356-2211, ext.</u>			
Study Area Code of Reporting Carrier <u>170171</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2016</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 802, 803(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, 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: LACKAWAXEN TELECOM					
Signature of Authorized Officer or employee: Deborah Szmyd				Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=deborah.szmyd@ltis.net,O=lackawaxen telecom,l=Rowland PA 18457, Date:5/24/2016	
				Date: 5/24/2016	
Printed name of Authorized Officer or employee: Deborah Szmyd					
Title or position of Authorized Officer or employee: Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 570-685-1096					
Study Area Code of Reporting Carrier	170177		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: ARMSTRONG TEL CO-PA					
Signature of Authorized Officer or employee: Mark Rankin				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel co-pa,l=, Date:5/27/2016</small> Date: 5/27/2016	
Printed name of Authorized Officer or employee: Mark Rankin					
Title or position of Authorized Officer or employee: Vice President Finance					
Telephone number of Authorized Officer or employee: 724-283-0925					
Study Area Code of Reporting Carrier	170189		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: NORTH-EASTERN PA TEL					
Signature of Authorized Officer or employee: Steven Tourje				Digitally signed by Steven Tourje DN:cn=Steven Tourje,email=stourje@nep.net,O=north-eastern pa tel,l=Forest City PA 18421, Date:5/17/2016	
				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Steven Tourje					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 570-785-2216					
Study Area Code of Reporting Carrier	170191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTH PENN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Tom Prestigiacomo</p>				<p><small>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Tom Prestigiacomo</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 607-522-4237</p>					
Study Area Code of Reporting Carrier	170192		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: ARMSTRONG TEL NORTH					
Signature of Authorized Officer or employee: Mark Rankin				<small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel north,l=, Date:5/27/2016</small> Date: 5/27/2016	
Printed name of Authorized Officer or employee: Mark Rankin					
Title or position of Authorized Officer or employee: Vice President Finance					
Telephone number of Authorized Officer or employee: 724-283-0925					
Study Area Code of Reporting Carrier	170195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: PALMERTON TEL CO					
Signature of Authorized Officer or employee: Timothy Hausman				Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmerton tel co,l= , Date:5/23/2016	
				Date: 5/23/2016	
Printed name of Authorized Officer or employee: Timothy Hausman					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 610-826-9433					
Study Area Code of Reporting Carrier	170196		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

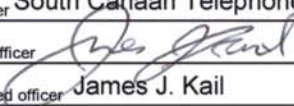
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, 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: PENNSYLVANIA TEL CO					
Signature of Authorized Officer or employee: Mary Davis				Digitally signed by Mary Davis DN:cn=Mary Davis,email=patelco@ovalinternet.net,O=pennsylvania tel co,l= , Date:5/24/2016	
				Date: 5/24/2016	
Printed name of Authorized Officer or employee: Mary Davis					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 570-745-7101					
Study Area Code of Reporting Carrier	170197		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: PYMATUNING IND TEL</p>					
<p>Signature of Authorized Officer or employee: Amanda Molina</p>				<p><small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=pymatuning ind tel,lc=US, Date:5/20/2016</small></p>	
<p>Date: 5/20/2016</p>					
<p>Printed name of Authorized Officer or employee: Amanda Molina</p>					
<p>Title or position of Authorized Officer or employee: Vice President of External Relations</p>					
<p>Telephone number of Authorized Officer or employee: 904-259-0029</p>					
<p>Study Area Code of Reporting Carrier</p>	170200		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier South Canaan Telephone Company			
Signature of authorized officer 		Date	05/27/2016
Printed name of authorized officer James J. Kail			
Title or position of authorized officer President & CEO			
Telephone number of authorized officer: (724) 593-0107 ext.			
Study Area Code of Reporting Carrier	170205	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: VENUS TEL CORP					
Signature of Authorized Officer or employee: Janice Kline				<small>Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel corp,I=Venus PA 16364, Date:5/16/2016</small> Date: 5/16/2016	
Printed name of Authorized Officer or employee: Janice Kline					
Title or position of Authorized Officer or employee: General Manager and Asst. Sec/Treas.					
Telephone number of Authorized Officer or employee: 814-354-6400					
Study Area Code of Reporting Carrier	170210		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: WEST SIDE TEL CO-PA					
Signature of Authorized Officer or employee: John Ludenia				Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa,l= , Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer or employee: John Ludenia					
Title or position of Authorized Officer or employee: V.P. Operations, General manager					
Telephone number of Authorized Officer or employee: 304-983-8642					
Study Area Code of Reporting Carrier	170277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: ARMSTRONG TEL OF MD</p>					
<p>Signature of Authorized Officer or employee: Mark Rankin</p>				<p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel of md,lc=, Date:5/25/2016</small></p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Mark Rankin</p>					
<p>Title or position of Authorized Officer or employee: Vice President Finance</p>					
<p>Telephone number of Authorized Officer or employee: 724-283-0925</p>					
<p>Study Area Code of Reporting Carrier</p>	180216		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Buggs Island Telephone Cooperative			
Signature of authorized officer <i>Michele Taylor</i>		Date	5-24-16
Printed name of authorized officer Michele Taylor			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (434) 636-2274			
Study Area Code of Reporting Carrier	190219	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: BURKE'S GARDEN TEL					
Signature of Authorized Officer or employee: Missy Lynch				<small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel,lc=, Date:5/24/2016</small> Date: 5/24/2016	
Printed name of Authorized Officer or employee: Missy Lynch					
Title or position of Authorized Officer or employee: Office Manager/Secretary					
Telephone number of Authorized Officer or employee: 276-472-2345					
Study Area Code of Reporting Carrier	190220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: CITIZENS TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Greg Sapp</p>				<p><small>Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel coop,l=Floyd VA 24091-0137, Date:5/16/2016</small></p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Greg Sapp</p>					
<p>Title or position of Authorized Officer or employee: CEO & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 540-745-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	190225		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: HIGHLAND TEL COOP					
Signature of Authorized Officer or employee: Ruth Newman				<small>Digitally signed by Ruth Newman DN:cn=Ruth Newman,email=newmanr@htcnet.org,O=highland tel coop,l=Monterey VA 24465-0340, Date:5/24/2016</small> Date: 5/24/2016	
Printed name of Authorized Officer or employee: Ruth Newman					
Title or position of Authorized Officer or employee: Co-General Manager/Secretary					
Telephone number of Authorized Officer or employee: 540-468-2131					
Study Area Code of Reporting Carrier	190237		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: MGW TEL. CO. INC.</p>					
<p>Signature of Authorized Officer or employee: Sheri Smith</p>				<p><small>Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw tel. co. inc.,l= , Date:5/23/2016</small></p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: Sheri Smith</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 540-925-5235</p>					
Study Area Code of Reporting Carrier	190238		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: NEW HOPE TEL COOP					
Signature of Authorized Officer or employee: Laurie Hensley				Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,l=New Hope VA 24469, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer or employee: Laurie Hensley					
Title or position of Authorized Officer or employee: Secretary-Treasurer					
Telephone number of Authorized Officer or employee: 540-363-6277					
Study Area Code of Reporting Carrier	190239		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Pembroke Telephone Cooperative	
Signature of authorized officer			Date		05/23/2016
Printed name of authorized officer			Leon A. Law		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(540) 626-7111, ext.		
Study Area Code of Reporting Carrier		190243	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: SCOTT COUNTY COOP</p>					
<p>Signature of Authorized Officer or employee: Daniel Odom</p>				<p><small>Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county coop,l=Gate City VA 24251, Date: 5/18/2016</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Daniel Odom</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 276-452-7224</p>					
Study Area Code of Reporting Carrier	190248		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LUMOS TEL. BOTETOURT</p>					
<p>Signature of Authorized Officer or employee: Mary McDermott</p>				<p><small>Digitally signed by Mary McDermott DN:cn=Mary McDermott,email=mcdermottm@lumosnet.com,O=lumos tel. botetourt,l=Waynesboro VA 22980, Date:5/17/2016</small></p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Mary McDermott</p>					
<p>Title or position of Authorized Officer or employee: Senior VP, Legal and Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer or employee: 540-946-8677</p>					
<p>Study Area Code of Reporting Carrier</p>	190249		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SHENANDOAH TEL CO</p>					
<p>Signature of Authorized Officer or employee: Thomas Reed</p>				<p><small>Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas.reed@emp.shentel.com,O=shenandoah tel co, Date:5/26/2016</small></p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: Thomas Reed</p>					
<p>Title or position of Authorized Officer or employee: Controller of Financial Reporting</p>					
<p>Telephone number of Authorized Officer or employee: 540-984-5295</p>					
<p>Study Area Code of Reporting Carrier</p>	190250		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SHENANDOAH - NR</p>					
<p>Signature of Authorized Officer or employee: Thomas Reed</p>				<p><small>Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas.reed@emp.shentel.com,O=shenandoah - nr, Date:5/26/2016</small></p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: Thomas Reed</p>					
<p>Title or position of Authorized Officer or employee: Controller of Financial Reporting</p>					
<p>Telephone number of Authorized Officer or employee: 540-984-5295</p>					
<p>Study Area Code of Reporting Carrier</p>	197251		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ARMSTRONG OF WV</p>					
<p>Signature of Authorized Officer or employee: Mark Rankin</p>				<p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong of wv,l= , Date:5/27/2016</small></p> <p>Date: 5/27/2016</p>	
<p>Printed name of Authorized Officer or employee: Mark Rankin</p>					
<p>Title or position of Authorized Officer or employee: Vice President Finance</p>					
<p>Telephone number of Authorized Officer or employee: 724-283-0925</p>					
Study Area Code of Reporting Carrier	200256		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SPRUCE KNOB SENECA</p>					
<p>Signature of Authorized Officer or employee: Vickie Colaw</p>				<p>Digitally signed by Vickie Colaw DN:cn=Vickie Colaw,email=vcolaw@spruceknob.net,O=spruce knob seneca,l=Riverton WV 26814-0100, Date:5/20/2016</p>	
<p>Date: 5/20/2016</p>					
<p>Printed name of Authorized Officer or employee: Vickie Colaw</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 304-567-2121</p>					
<p>Study Area Code of Reporting Carrier</p>	200257		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: WAR TEL LLC					
Signature of Authorized Officer or employee: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,l= , Date:5/25/2016</small> Date: 5/25/2016	
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 256-586-1420					
Study Area Code of Reporting Carrier	200258		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: HARDY TELECOM					
Signature of Authorized Officer or employee: Scott Sherman				Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom,l= , Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer or employee: Scott Sherman					
Title or position of Authorized Officer or employee: General Manager & CEO					
Telephone number of Authorized Officer or employee: 304-897-9911					
Study Area Code of Reporting Carrier	200259		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: ARMSTRONG TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Mark Rankin</p>				<p><small>Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.,l= , Date:5/27/2016</small></p> <p>Date: 5/27/2016</p>	
<p>Printed name of Authorized Officer or employee: Mark Rankin</p>					
<p>Title or position of Authorized Officer or employee: Vice President Finance</p>					
<p>Telephone number of Authorized Officer or employee: 724-283-0925</p>					
Study Area Code of Reporting Carrier	200267		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WEST SIDE TEL-WV</p>					
<p>Signature of Authorized Officer or employee: John Ludenia</p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jjudenia@westsidetel.com,O=west side tel-wv,l= , Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: John Ludenia</p>					
<p>Title or position of Authorized Officer or employee: V.P. Operations, General manager</p>					
<p>Telephone number of Authorized Officer or employee: 304-983-8642</p>					
<p>Study Area Code of Reporting Carrier</p>	200277		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

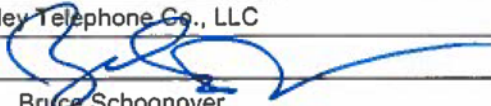
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ITS TELECOMM. SYS.</p>					
<p>Signature of Authorized Officer or employee: Bruce Russell</p>				<p><small>Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=brucer@its telecom.net,O=its telecom. sys.,l=Indiantown FL 34956, Date:5/26/2016</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Bruce Russell</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 772-597-2106</p>					
Study Area Code of Reporting Carrier	210331		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: NORTHEAST FLORIDA					
Signature of Authorized Officer or employee: Amanda Molina				<small>Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=northeast florida,lc= , Date:5/20/2016</small> Date: 5/20/2016	
Printed name of Authorized Officer or employee: Amanda Molina					
Title or position of Authorized Officer or employee: Vice President of External Relations					
Telephone number of Authorized Officer or employee: 904-259-0029					
Study Area Code of Reporting Carrier	210335		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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			
<p>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).</p>			
Name of Reporting Carrier Valley Telephone Co., LLC			
Signature of authorized officer 		Date	5/16/2016
Printed name of authorized officer Bruce Schoonover			
Title or position of authorized officer Vice-President Regulatory Compliance			
Telephone number of authorized officer: (706) 645-8116			
Study Area Code of Reporting Carrier	220324	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: ALMA TEL CO					
Signature of Authorized Officer or employee: Kevin Brooks				Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel co,l=Alma GA 31510, Date:5/18/2016	
Date: 5/18/2016					
Printed name of Authorized Officer or employee: Kevin Brooks					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 912-632-8603					
Study Area Code of Reporting Carrier	220344		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

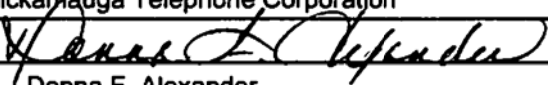
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, 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: BRANTLEY TEL CO					
Signature of Authorized Officer or employee: Donovan Strickland				Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 31553, Date:5/20/2016	
Date: 5/20/2016					
Printed name of Authorized Officer or employee: Donovan Strickland					
Title or position of Authorized Officer or employee: Vice President/General Manager					
Telephone number of Authorized Officer or employee: 912-462-5111					
Study Area Code of Reporting Carrier	220347		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: BULLOCH COUNTY RURAL					
Signature of Authorized Officer or employee: John Scott				Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch county rural,l= , Date:5/18/2016	
Date: 5/18/2016					
Printed name of Authorized Officer or employee: John Scott					
Title or position of Authorized Officer or employee: General Manager/COO					
Telephone number of Authorized Officer or employee: 912-865-1100					
Study Area Code of Reporting Carrier	220348		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

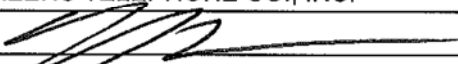
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier Chickamauga Telephone Corporation			
Signature of authorized officer 		Date	5/20/2016
Printed name of authorized officer Donna F. Alexander			
Title or position of authorized officer Executive Vice President			
Telephone number of authorized officer: (601) 764-3463			
Study Area Code of Reporting Carrier	220354	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 CITIZENS TELEPHONE CO., INC.				
Signature of authorized officer 			Date	MAY 23, 2016
Printed name of authorized officer CHAD LEDGER				
Title or position of authorized officer GENERAL MANAGER				
Telephone number of authorized officer: (229) 874-4145				
Study Area Code of Reporting Carrier	220355	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Darien Telephone Company, Inc.	
Signature of authorized officer			Date		05-23-16
Printed name of authorized officer			Mary Lou Forsyth		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(912) 437-6611		
Study Area Code of Reporting Carrier		220358	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: GLENWOOD TEL CO					
Signature of Authorized Officer or employee: Janice O'Brien				Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@glenwoodtelephone.com,O=glenwood tel co,l=Glenwood GA 30428-0235, Date:5/20/2016	
				Date: 5/20/2016	
Printed name of Authorized Officer or employee: Janice O'Brien					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 912-523-5111					
Study Area Code of Reporting Carrier	220365		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Hart Telephone Company	
Signature of authorized officer			Date		5/17/16
Printed name of authorized officer			Randy Daniel		
Title or position of authorized officer			President		
Telephone number of authorized officer: 706-376-4701 ext.					
Study Area Code of Reporting Carrier		220368	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: COMSOUTH TELECOMM</p>					
<p>Signature of Authorized Officer or employee: Scott Obert-Thorn</p>				<p><small>Digitally signed by Scott Obert-Thorn DN:cn=Scott Obert-Thorn,email=scott@comsouth.net,O=comsouth telecom, Hawkinsville GA 31306, Date:5/26/2016</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Scott Obert-Thorn</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 478-783-4001</p>					
Study Area Code of Reporting Carrier	220369		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

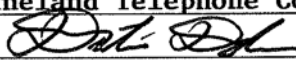
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PEMBROKE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Mary Anna Hite</p>				<p><small>Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel co,l=Pembroke GA 31321, Date:5/24/2016</small></p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Mary Anna Hite</p>					
<p>Title or position of Authorized Officer or employee: Secretary-Treasurer/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 912-653-4389</p>					
<p>Study Area Code of Reporting Carrier</p>	220376		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Pineland Telephone Coop., Inc.				
Signature of authorized officer 			Date	5-19-16
Printed name of authorized officer Dustin Durden				
Title or position of authorized officer Exec. Vice-Pres.				
Telephone number of authorized officer: 912685-2121				
Study Area Code of Reporting Carrier	220377		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: PLANTERS RURAL COOP					
Signature of Authorized Officer or employee: John Lacienski				Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural coop,l=Newington GA 30446, Date:5/18/2016	
Date: 5/18/2016					
Printed name of Authorized Officer or employee: John Lacienski					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 912-857-4411					
Study Area Code of Reporting Carrier	220378		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

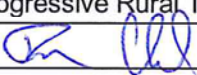
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, 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: PLANT TEL. CO.					
Signature of Authorized Officer or employee: Gordon Duff				<small>Digitally signed by Gordon Duff DN:cn=Gordon Duff,email=gduff@plantel.net,O=plant tel. co.,l=Tifton GA 31793-0187, Date:5/24/2016</small> Date: 5/24/2016	
Printed name of Authorized Officer or employee: Gordon Duff					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 229-528-4777					
Study Area Code of Reporting Carrier	220379		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					Progressive Rural Telephone Co-Op, Inc				
Signature of authorized officer						Date		05-23-2016	
Printed name of authorized officer				Ron Chambers					
Title or position of authorized officer				General Manager					
Telephone number of authorized officer:				(478) 984-4201 ext.					
Study Area Code of Reporting Carrier			220380		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 **Public Service Telephone Company**

Signature of authorized officer

Date

05/19/2016

Printed name of authorized officer

James L. Bond

Title or position of authorized officer

President

Telephone number of authorized officer:

(478) 847-4111

Study Area Code of Reporting Carrier

220381

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

6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: TRENTON TEL CO					
Signature of Authorized Officer or employee: Steven Tatum				<small>Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel co,lc= , Date:5/27/2016</small> Date: 5/27/2016	
Printed name of Authorized Officer or employee: Steven Tatum					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 706-657-4367					
Study Area Code of Reporting Carrier	220389		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: WAVERLY HALL, LLC					
Signature of Authorized Officer or employee: Deborah Rand				Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall, llc, Date: 5/24/2016	
				Date: 5/24/2016	
Printed name of Authorized Officer or employee: Deborah Rand					
Title or position of Authorized Officer or employee: Vice President Administration & Support					
Telephone number of Authorized Officer or employee: 603-472-9786					
Study Area Code of Reporting Carrier	220392		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: WILKES TEL & ELC CO					
Signature of Authorized Officer or employee: April Dyson				Digitally signed by April Dyson DN:cn=April Dyson,email=aprilwtec@nu-z.net,O=wilkes tel & elc co,l=Washington GA 30673, Date:5/24/2016	
Date: 5/24/2016					
Printed name of Authorized Officer or employee: April Dyson					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 706-678-9527					
Study Area Code of Reporting Carrier	220394		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: BARNARDSVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Eric Cramer</p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=barnardsville tel co,lc= , Date:5/19/2016</small></p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: Eric Cramer</p>					
<p>Title or position of Authorized Officer or employee: CEO and General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 336-973-6112</p>					
<p>Study Area Code of Reporting Carrier</p>	230469		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: ELLERBE TEL CO					
Signature of Authorized Officer or employee: Dan Bennett				Digitally signed by Dan Bennett DN:cn=Dan Bennett,email=dbennett@ellerbetelephone.net,O=ellerbe tel co,l=Ellerbe NC 28338-0220, Date:5/20/2016	
				Date: 5/20/2016	
Printed name of Authorized Officer or employee: Dan Bennett					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 910-652-2221					
Study Area Code of Reporting Carrier	230478		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

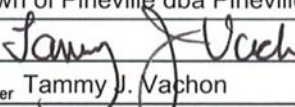
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 North State Telephone Company dba North State Communications				
Signature of authorized officer <i>Lynn B. Welborn</i>		Date	05/26/2016	
Printed name of authorized officer Lynn B. Welborn				
Title or position of authorized officer Vice President & Chief Administrative Officer				
Telephone number of authorized officer: (336) 886-3766				
Study Area Code of Reporting Carrier	230491	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Town of Pineville dba Pineville Telephone Company	
Signature of authorized officer				Date	5/16/16
Printed name of authorized officer		Tammy J. Vachon			
Title or position of authorized officer		Interim Telecommunications Director			
Telephone number of authorized officer: (704) 889-2001 ext.					
Study Area Code of Reporting Carrier		230494	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Randolph Telephone Membership Corporation	
Signature of authorized officer			Date		05/17/2016
Printed name of authorized officer			Frankie L. Cagle		
Title or position of authorized officer			General Manager/CEO		
Telephone number of authorized officer:			(336) 879-5684		
Study Area Code of Reporting Carrier		230496	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: SURRY MEMBERSHIP					
Signature of Authorized Officer or employee: Curtis Taylor				Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer or employee: Curtis Taylor					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 336-374-4535					
Study Area Code of Reporting Carrier	230497		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: SALUDA MOUNTAIN TEL					
Signature of Authorized Officer or employee: Eric Cramer				Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=saluda mountain tel, Date: 5/19/2016	
				Date: 5/19/2016	
Printed name of Authorized Officer or employee: Eric Cramer					
Title or position of Authorized Officer or employee: CEO and General Manager					
Telephone number of Authorized Officer or employee: 336-973-6112					
Study Area Code of Reporting Carrier	230498		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: SERVICE TEL CO					
Signature of Authorized Officer or employee: Eric Cramer				Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=service tel co,l= , Date:5/19/2016	
Date: 5/19/2016					
Printed name of Authorized Officer or employee: Eric Cramer					
Title or position of Authorized Officer or employee: CEO and General Manager					
Telephone number of Authorized Officer or employee: 336-973-6112					
Study Area Code of Reporting Carrier	230500		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: SURRY MEMBERSHIP					
Signature of Authorized Officer or employee: Curtis Taylor				Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer or employee: Curtis Taylor					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 336-374-4535					
Study Area Code of Reporting Carrier	230503		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: TRI COUNTY TEL MEMBR</p>					
<p>Signature of Authorized Officer or employee: Gregory Coltrain</p>				<p><small>Digitally signed by Gregory Coltrain DN:cn=Gregory Coltrain,email=greg@gotricounty.biz,O=tri county tel membr,l=Belhaven NC 27810, Date:5/26/2016</small></p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: Gregory Coltrain</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 252-964-8000</p>					
<p>Study Area Code of Reporting Carrier</p>	230505		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: WILKES MEMBERSHIP					
Signature of Authorized Officer or employee: Eric Cramer				Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes membership,l= , Date:5/19/2016	
Date: 5/19/2016					
Printed name of Authorized Officer or employee: Eric Cramer					
Title or position of Authorized Officer or employee: CEO and General Manager					
Telephone number of Authorized Officer or employee: 336-973-6112					
Study Area Code of Reporting Carrier	230510		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: PALMETTO RURAL COOP</p>					
<p>Signature of Authorized Officer or employee: Dewaine Wilson</p>				<p><small>Digitally signed by Dewaine Wilson DN: cn=Dewaine Wilson, email=dewaine.wilson@prtc.coop, O=palmetto rural coop, I= , Date: 5/23/2016</small></p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: Dewaine Wilson</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 843 538-9382</p>					
<p>Study Area Code of Reporting Carrier</p>	240536		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				PBT Telecom, Inc.	
Signature of authorized officer			Date		5/25/2016
Printed name of authorized officer			L.B. Spearman		
Title or position of authorized officer			Vice President		
Telephone number of authorized officer:			{803} 210-5528 ext.		
Study Area Code of Reporting Carrier		240539	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: SANDHILL TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Lee Chambers</p>				<p>Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@shtc.net,O=sandhill tel coop,l=Jefferson SC 29718, Date:5/18/2016</p>	
				<p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Lee Chambers</p>					
<p>Title or position of Authorized Officer or employee: CEO/Manager</p>					
<p>Telephone number of Authorized Officer or employee: 843-658-6379</p>					
Study Area Code of Reporting Carrier	240546		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: WEST CAROLINA RURAL					
Signature of Authorized Officer or employee: Jeff Wilson				Digitally signed by Jeff Wilson DN:cn=Jeff Wilson,email=jeff.wilson@wctel.com,O=west carolina rural,l=Abbeville SC 29620-0610, Date:5/24/2016	
Date: 5/24/2016					
Printed name of Authorized Officer or employee: Jeff Wilson					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 864-446-9251					
Study Area Code of Reporting Carrier	240550		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: BLOUNTSVILLE TEL LLC</p>					
<p>Signature of Authorized Officer or employee: Dennis Andrews</p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville tel llc,l= , Date:5/25/2016</small></p> <p>Date: 5/25/2016</p>	
<p>Printed name of Authorized Officer or employee: Dennis Andrews</p>					
<p>Title or position of Authorized Officer or employee: Sr Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 256-586-1420</p>					
<p>Study Area Code of Reporting Carrier</p>	250282		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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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				Castleberry Telephone Co., Inc.	
Signature of authorized officer		Homer Holland		Date	5-17-16
Printed name of authorized officer				Homer Holland	
Title or position of authorized officer				Sec/Treas	
Telephone number of authorized officer				(251) 966-2115	
Study Area Code of Reporting Carrier		250285		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				National Telephone of Alabama, Inc.	
Signature of authorized officer			Date		5/23/2016
Printed name of authorized officer			James Garner		
Title or position of authorized officer			Vice President of Operations		
Telephone number of authorized officer:			(601) 354-9070 ext.		
Study Area Code of Reporting Carrier		250286	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Farmers Telecommunications Cooperative, Inc.	
Signature of authorized officer			Date		05/24/2016
Printed name of authorized officer			Tyler Pair		
Title or position of authorized officer			Chief Financial Officer		
Telephone number of authorized officer:			(256) 638-2144 ext.		
Study Area Code of Reporting Carrier		250290	Filing Due Date for this form (mm/dd/yyyy)		6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Knology Total Communications, Inc.			
Signature of authorized officer 		Date	5/16/2016
Printed name of authorized officer Bruce Schoonover			
Title or position of authorized officer Vice-President Regulatory Compliance			
Telephone number of authorized officer: (706) 645-8116 ext.			
Study Area Code of Reporting Carrier	250295	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: HAYNEVILLE TEL CO					
Signature of Authorized Officer or employee: Evelyn Causey				Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@htcnet.net,O=hayneville tel co,l=Hayneville AL 36040, Date:5/25/2016	
				Date: 5/25/2016	
Printed name of Authorized Officer or employee: Evelyn Causey					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 334-548-2101					
Study Area Code of Reporting Carrier	250299		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: HOPPER TELECOMM. LLC					
Signature of Authorized Officer or employee: Dennis Andrews				Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=hopper telecomm. llc,l= , Date:5/25/2016	
				Date: 5/25/2016	
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 256-586-1420					
Study Area Code of Reporting Carrier	250300		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: MILLRY TEL CO					
Signature of Authorized Officer or employee: Bobby Williams				Digitally signed by Bobby Williams DN:cn=Bobby Williams,email=bobbywilliams@millry.net,O=millry tel co,l=Millry AL 36558-0561, Date:5/24/2016	
				Date: 5/24/2016	
Printed name of Authorized Officer or employee: Bobby Williams					
Title or position of Authorized Officer or employee: Vice President and Assistant Secretary					
Telephone number of Authorized Officer or employee: 251-846-2911					
Study Area Code of Reporting Carrier	250304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

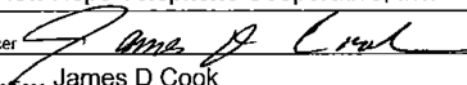
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MON-CRE TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Teresa Rich</p>				<p><small>Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel coop,l=Ramer AL 36069, Date:5/26/2016</small></p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: Teresa Rich</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 334-562-3242</p>					
<p>Study Area Code of Reporting Carrier</p>	250305		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: MOUNDVILLE TEL CO					
Signature of Authorized Officer or employee: R. Taylor				Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel co,l=Moundville AL 35474, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: R. Taylor					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 205-371-9011					
Study Area Code of Reporting Carrier	250307		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 New Hope Telephone Cooperative, Inc.			
Signature of authorized officer 		Date	05/26/2016
Printed name of authorized officer James D Cook			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (256) 723-4211, ext.			
Study Area Code of Reporting Carrier	250308	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: PINE BELT TEL CO					
Signature of Authorized Officer or employee: John Nettles				Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel co,l=Arlington AL 36722, Date:5/26/2016	
Date: 5/26/2016					
Printed name of Authorized Officer or employee: John Nettles					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 334-385-2106					
Study Area Code of Reporting Carrier	250315		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Ragland Telephone Co., Inc	
Signature of authorized officer			Date		5/25/2016
Printed name of authorized officer			Stephanie Jackson		
Title or position of authorized officer			Vice President		
Telephone number of authorized officer:			(205) 472-2141		
Study Area Code of Reporting Carrier		250316	Filing Due Date for this form (mm/dd/yyyy)		6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Roanoke Telephone Company, Inc.	
Signature of authorized officer			Date		5/23/2016
Printed name of authorized officer			James Garner		
Title or position of authorized officer			Vice President of Operations		
Telephone number of authorized officer:			(601) 354-9070 ext.		
Study Area Code of Reporting Carrier		250317	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Union Springs Telephone Company Inc	
Signature of authorized officer			Date		May 19 2016
Printed name of authorized officer			William H Freeman		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(334) 738-4400		
Study Area Code of Reporting Carrier		250322	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: BALLARD RURAL COOP					
Signature of Authorized Officer or employee: Randy Grogan				Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural coop,l=La Center KY 42056, Date:5/24/2016	
				Date: 5/24/2016	
Printed name of Authorized Officer or employee: Randy Grogan					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 270-665-5186					
Study Area Code of Reporting Carrier	260396		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Brandenburg Telephone Company, Inc.	
Signature of authorized officer			Date		05/09/2016
Printed name of authorized officer			Allison Willoughby		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(270) 422-2121 ext.		
Study Area Code of Reporting Carrier		260398	Filing Due Date for this form (mm/dd/yyyy)		6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: DUO COUNTY TEL COOP					
Signature of Authorized Officer or employee: Daryl Hammond				Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel coop,l=Jamestown KY 42629, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Daryl Hammond					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 270-343-3131					
Study Area Code of Reporting Carrier	260401		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: FOOTHILLS RURAL COOP</p>					
<p>Signature of Authorized Officer or employee: Ruth Conley</p>				<p><small>Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural coop,l=Staffordsville KY 41256, Date:5/27/2016</small></p>	
<p>Date: 5/27/2016</p>					
<p>Printed name of Authorized Officer or employee: Ruth Conley</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 606-297-9131</p>					
<p>Study Area Code of Reporting Carrier</p>	260406		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LOGAN TEL. COOP. INC</p>					
<p>Signature of Authorized Officer or employee: Gregory Hale</p>				<p>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop. inc,l=Auburn KY 42206, Date:5/20/2016</p>	
<p>Date: 5/20/2016</p>					
<p>Printed name of Authorized Officer or employee: Gregory Hale</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Executive V.P.</p>					
<p>Telephone number of Authorized Officer or employee: 270-542-4121</p>					
Study Area Code of Reporting Carrier	260413		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Mountain Telephone Coop. Corp., Inc.	
Signature of authorized officer			Date		05/18/2016
Printed name of authorized officer			Jimmie Jones		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(606) 743-3121		
Study Area Code of Reporting Carrier		260414	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				PEOPLES RURAL TELEPHONE	
Signature of authorized officer				Date	05/27/2016
Printed name of authorized officer		KEITH GABBARD			
Title or position of authorized officer		CEO			
Telephone number of authorized officer: (606) 287-7101 ext.					
Study Area Code of Reporting Carrier		260415	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

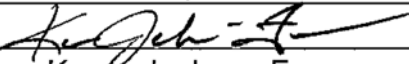
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: THACKER/GRIGSBY TEL</p>					
<p>Signature of Authorized Officer or employee: William Grigsby</p>				<p><small>Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,I=Hindman KY 41822, Date:5/16/2016</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: William Grigsby</p>					
<p>Title or position of Authorized Officer or employee: President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 606-785-9500</p>					
<p>Study Area Code of Reporting Carrier</p>	260419		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				West Kentucky Rural Telephone Cooperative	
Signature of authorized officer				Date	05.26.2016
Printed name of authorized officer		Karen Jackson-Furman			
Title or position of authorized officer		CFO			
Telephone number of authorized officer:		(270) 856-9988			
Study Area Code of Reporting Carrier		260421	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: CAMERON TEL CO - LA					
Signature of Authorized Officer or employee: Bruce Petry				Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel co - la,l=Sulphur LA 70664-0167, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Bruce Petry					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 337-583-2092					
Study Area Code of Reporting Carrier	270425		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: CAMPTI-PLEASANT HILL</p>					
<p>Signature of Authorized Officer or employee: Tom Edens</p>				<p><small>Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campiti-pleasant hill,l=Natchitoches LA 71458, Date:5/26/2016</small></p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: Tom Edens</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 318-352-0014</p>					
<p>Study Area Code of Reporting Carrier</p>	270426		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: DELCAMBRE TEL CO					
Signature of Authorized Officer or employee: Matt Le Blanc				<small>Digitally signed by Matt Le Blanc DN:cn=Matt Le Blanc,email=deltel@delcambre.net,O=delcambre tel co,l= , Date:5/18/2016</small> Date: 5/18/2016	
Printed name of Authorized Officer or employee: Matt Le Blanc					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 337-685-2342					
Study Area Code of Reporting Carrier	270428		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

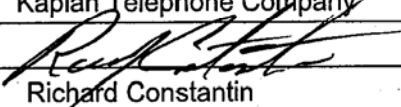
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, 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: ELIZABETH TEL CO					
Signature of Authorized Officer or employee: Bruce Petry				Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel co,l=Sulphur LA 70664-0167, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Bruce Petry					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 337-583-2092					
Study Area Code of Reporting Carrier	270430		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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	Kaplan Telephone Company		
Signature of authorized officer		Date	05/17/2016
Printed name of authorized officer	Richard Constantin		
Title or position of authorized officer	Controller		
Telephone number of authorized officer:	(337) 643-7171, ext.		
Study Area Code of Reporting Carrier	270432	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				LAFOURCHE TELEPHONE COMPANY, LLC	
Signature of authorized officer			Date		05/31/2016
Printed name of authorized officer			PETER LOUVIERE		
Title or position of authorized officer			CHIEF FINANCIAL OFFICER		
Telephone number of authorized officer:			(985) 693-0265		
Study Area Code of Reporting Carrier		270433	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTHEAST LOUISIANA</p>					
<p>Signature of Authorized Officer or employee: Mike George</p>				<p>Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,j=Collinston LA 71229, Date:5/17/2016</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Mike George</p>					
<p>Title or position of Authorized Officer or employee: President / General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 318-874-7011</p>					
<p>Study Area Code of Reporting Carrier</p>	270435		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Reserve Telephone Company	
Signature of authorized officer			Date		05/25/2016
Printed name of authorized officer			Annette Faircloth		
Title or position of authorized officer			Vice President of Finance		
Telephone number of authorized officer:			(985) 536-1271		
Study Area Code of Reporting Carrier		270438	Filing Due Date for this form (mm/dd/yyyy)		6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: STAR TEL CO					
Signature of Authorized Officer or employee: Rebecca Knighten				Digitally signed by Rebecca Knighten DN:cn=Rebecca Knighten,email=rebeccaknighten@star.brcoxmail.com,O=star tel co,l= , Date:5/25/2016	
Date: 5/25/2016					
Printed name of Authorized Officer or employee: Rebecca Knighten					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 225-926-0191					
Study Area Code of Reporting Carrier	270441		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

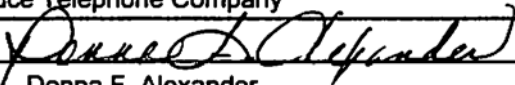
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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				Bay Springs Telephone Company, Inc.	
Signature of authorized officer			Date		5/23/2016
Printed name of authorized officer			James Garner		
Title or position of authorized officer			Vice President of Operations		
Telephone number of authorized officer: (601) 354-9070 ext.					
Study Area Code of Reporting Carrier		280446	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				
<p>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).</p>				
Name of Reporting Carrier Bruce Telephone Company				
Signature of authorized officer 		Date		5/20/2016
Printed name of authorized officer Donna F. Alexander				
Title or position of authorized officer Executive Vice President				
Telephone number of authorized officer: (601) 764-3463				
Study Area Code of Reporting Carrier		280447	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

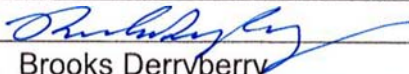
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: DECATUR TEL CO -MS					
Signature of Authorized Officer or employee: Esther Smith				Digitally signed by Esther Smith DN:cn=Esther Smith,email=esther@decaturtelephone.com,O=decatur tel co -ms,l=Decatur MS 39327, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Esther Smith					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 601-635-2251					
Study Area Code of Reporting Carrier	280451		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Delta Telephone Co., Inc.	
Signature of authorized officer				Date	5/17/2016
Printed name of authorized officer		Brooks Derryberry			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		(601) 355-1522			
Study Area Code of Reporting Carrier	280452	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Franklin Telephone Co., Inc.	
Signature of authorized officer				Date	5/17/16
Printed name of authorized officer		Tom Griffin			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		(601) 384-5855			
Study Area Code of Reporting Carrier		280454	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				
<p>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).</p>				
Name of Reporting Carrier Fulton Telephone Company				
Signature of authorized officer <i>Donna F. Alexander</i>			Date 5/20/2016	
Printed name of authorized officer Donna F. Alexander				
Title or position of authorized officer Executive Vice President				
Telephone number of authorized officer: (601) 764-3463				
Study Area Code of Reporting Carrier		280455	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: GEORGETOWN TEL CO					
Signature of Authorized Officer or employee: Joie Miller				Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlco.com,O=georgetown tel co,l=Georgetown MS 39078, Date:5/23/2016	
				Date: 5/23/2016	
Printed name of Authorized Officer or employee: Joie Miller					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 601-858-2211					
Study Area Code of Reporting Carrier	280456		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

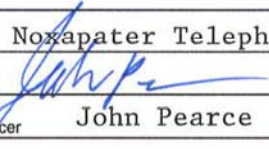
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LAKESIDE TEL. CO.</p>					
<p>Signature of Authorized Officer or employee: Robert Sledge Jr.</p>				<p><small>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,l=Sunflower MS 38778, Date:5/16/2016</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Robert Sledge Jr.</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 662-569-3311</p>					
Study Area Code of Reporting Carrier	280457		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

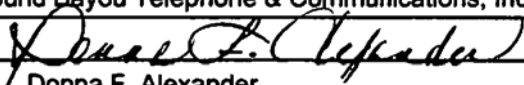
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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	Noxapater Telephone Company		
Signature of authorized officer		Date	5/24/2016
Printed name of authorized officer	John Pearce		
Title or position of authorized officer	President		
Telephone number of authorized officer:	(601) 764-3171, ext.		
Study Area Code of Reporting Carrier	280461	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Mound Bayou Telephone & Communications, Inc.				
Signature of authorized officer 		Date		5/20/2016
Printed name of authorized officer Donna F. Alexander				
Title or position of authorized officer Executive Vice President				
Telephone number of authorized officer: (601) 764-3463				
Study Area Code of Reporting Carrier		280462	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: SLEDGE TEL CO					
Signature of Authorized Officer or employee: Robert Sledge Jr.				Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel co,l=Sunflower MS 38778, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer or employee: Robert Sledge Jr.					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 662-569-3311					
Study Area Code of Reporting Carrier	280466		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: SMITHVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Roger Thompson</p>				<p><small>Digitally signed by Roger Thompson DN:cn=Roger Thompson,email=rogert@traceroad.net,O=smithville tel co,l=Smithville MS 38870, Date:5/16/2016</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Roger Thompson</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 662-651-4131</p>					
Study Area Code of Reporting Carrier	280467		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Ardmore Telephone Company	
Signature of authorized officer			Date		05.26.2016
Printed name of authorized officer			Karen Jackson-Furman		
Title or position of authorized officer			CFO		
Telephone number of authorized officer:			(270) 856-9988		
Study Area Code of Reporting Carrier		290280	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Ben Lomand Rural Telephone Cooperative, Inc.	
Signature of authorized officer		<i>Lisa Cope</i>		Date	5/17/2016
Printed name of authorized officer		Lisa Cope			
Title or position of authorized officer		Interim CEO			
Telephone number of authorized officer:		(931) 668-4131			
Study Area Code of Reporting Carrier	290553	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Bledsoe Telephone Cooperative, Inc.			
Signature of authorized officer <i>John Lee Downey</i>		Date	5/25/16
Printed name of authorized officer John Lee Downey			
Title or position of authorized officer President			
Telephone number of authorized officer: (423) 447-2121			
Study Area Code of Reporting Carrier	290554	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Crockett Telephone Company, Inc.	
Signature of authorized officer			Date		5/23/2016
Printed name of authorized officer			James Garner		
Title or position of authorized officer			Vice President of Operations		
Telephone number of authorized officer:			(601) 354-9070 ext.		
Study Area Code of Reporting Carrier		290561	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

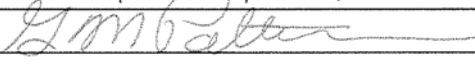
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, 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: DEKALB TEL COOP					
Signature of Authorized Officer or employee: Joe Mitchell				Digitally signed by Joe Mitchell DN:cn=Joe Mitchell,email=joem@dtccom.net,O=dekalb tel coop,l=Alesandria TN 37012, Date:5/23/2016	
				Date: 5/23/2016	
Printed name of Authorized Officer or employee: Joe Mitchell					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 615-464-2254					
Study Area Code of Reporting Carrier	290562		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

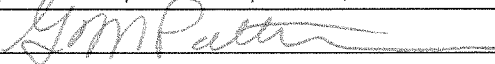
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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					Highland Telephone Cooperative, Inc.					
Signature of authorized officer							Date		5/23/2016	
Printed name of authorized officer				G. Mark Patterson						
Title or position of authorized officer				Chief Operating Office / General Manager						
Telephone number of authorized officer:				(423) 628-2121						
Study Area Code of Reporting Carrier			290565		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016			
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>										

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier Highland Telephone Cooperative, Inc.			
Signature of authorized officer 		Date 7/5/2016	
Printed name of authorized officer			
Title or position of authorized officer General Manager / Chief Operations Officer			
Telephone number of authorized officer: (423) 628-2750			
Study Area Code of Reporting Carrier 290565		Filing Due Date for this form (mm/dd/yyyy) July 2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 <i>Loretto Telephone Company Inc</i>			
Signature of authorized officer <i>Desda K. Hutchins</i>		Date	<i>05/23/16</i>
Printed name of authorized officer <i>Desda K. Hutchins</i>			
Title or position of authorized officer <i>Chief Financial Officer</i>			
Telephone number of authorized officer: <i>931/853-4351 ext.</i>			
Study Area Code of Reporting Carrier	<i>290570</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2016</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTH CENTRAL COOP</p>					
<p>Signature of Authorized Officer or employee: Johnny McClanahan</p>				<p>Digitally signed by Johnny McClanahan DN:cn=Johnny McClanahan,email=johnny.mcclanahan@nctc.com,O=north central coop,l=Lafayette TN 37083, Date:5/17/2016</p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Johnny McClanahan</p>					
<p>Title or position of Authorized Officer or employee: VP Finance and Adm. Services</p>					
<p>Telephone number of Authorized Officer or employee: 615-666-2151</p>					
<p>Study Area Code of Reporting Carrier</p>	290573		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Peoples Telephone Company	
Signature of authorized officer			Date		5/23/2016
Printed name of authorized officer			James Garner		
Title or position of authorized officer			Vice President of Operations		
Telephone number of authorized officer:			(601) 354-9070 ext.		
Study Area Code of Reporting Carrier		290576	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: TWIN LAKES TEL COOP					
Signature of Authorized Officer or employee: Jonathan West				Digitally signed by Jonathan West DN:cn=Jonathan West,email=jwest@twlakes.coop,O=twin lakes tel coop,l=Gainesboro TN 38562, Date:5/26/2016	
Date: 5/26/2016					
Printed name of Authorized Officer or employee: Jonathan West					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 931-268-2151					
Study Area Code of Reporting Carrier	290579		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: UTC-TN-UNITED COMM</p>					
<p>Signature of Authorized Officer or employee: William Bradford</p>				<p><small>Digitally signed by William Bradford DN:cn=William Bradford,email=wbradford@united.net,O=utc-tn-united comm,l=Chapel Hill TN 37034, Date:5/19/2016</small></p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: William Bradford</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 931-364-4322</p>					
<p>Study Area Code of Reporting Carrier</p>	290581		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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).

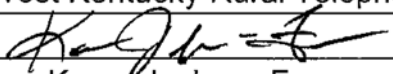
Name of Reporting Carrier				West Tennessee Telephone Company, Inc.	
Signature of authorized officer			Date		5/23/2016
Printed name of authorized officer			James Garner		
Title or position of authorized officer			Vice President of Operations		
Telephone number of authorized officer:			(601) 354-9070 ext.		
Study Area Code of Reporting Carrier		290583	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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	West Kentucky Rural Telephone Cooperative - TN		
Signature of authorized officer		Date	05.26.2016
Printed name of authorized officer	Karen Jackson-Furman		
Title or position of authorized officer	CFO		
Telephone number of authorized officer:	(270) 856-9988		
Study Area Code of Reporting Carrier	290598	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: THE ARTHUR MUTUAL					
Signature of Authorized Officer or employee: Eric Roughton				Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual,lc=, Date:5/20/2016	
				Date: 5/20/2016	
Printed name of Authorized Officer or employee: Eric Roughton					
Title or position of Authorized Officer or employee: General Manager/Sec'y/Treasurer					
Telephone number of Authorized Officer or employee: 419-393-2233					
Study Area Code of Reporting Carrier	300586		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: AYERSVILLE TEL CO					
Signature of Authorized Officer or employee: Phil Maag				Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel co,l= , Date:5/18/2016	
Date: 5/18/2016					
Printed name of Authorized Officer or employee: Phil Maag					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 419-395-2222					
Study Area Code of Reporting Carrier	300588		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: BASCOM MUTUAL TEL CO					
Signature of Authorized Officer or employee: Kathy Reinhart				Digitally signed by Kathy Reinhart DN:cn=Kathy Reinhart,email=kmr@bascomtelephone.com,O=bascom mutual tel co,l=Bascom OH 44809, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer or employee: Kathy Reinhart					
Title or position of Authorized Officer or employee: Assistant General Manager					
Telephone number of Authorized Officer or employee: 419-937-2222					
Study Area Code of Reporting Carrier	300589		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: BENTON RIDGE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Martin Ellerbrock</p>				<p><small>Digitally signed by Martin Ellerbrock DN:cn=Martin Ellerbrock,email=martin@watchtv.net,O=benton ridge tel co,l= , Date:5/18/2016</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Martin Ellerbrock</p>					
<p>Title or position of Authorized Officer or employee: Office Manager & Corporate Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 419-859-2245</p>					
<p>Study Area Code of Reporting Carrier</p>	300590		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier Buckland Telephone Company			
Signature of authorized officer <i>Douglas G. Place</i>		Date	5-26-16
Printed name of authorized officer Douglas G. Place			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (419) 657-2222			
Study Area Code of Reporting Carrier	300591	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: THE CHAMPAIGN TEL CO					
Signature of Authorized Officer or employee: Tiffany Ebersold				Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co, Date:5/19/2016	
				Date: 5/19/2016	
Printed name of Authorized Officer or employee: Tiffany Ebersold					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 937-653-2263					
Study Area Code of Reporting Carrier	300594		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: MCCLURE TEL CO					
Signature of Authorized Officer or employee: Lance Miller				Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel co,l=McClure OH 43534-0026, Date:5/20/2016	
				Date: 5/20/2016	
Printed name of Authorized Officer or employee: Lance Miller					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 419-748-8032					
Study Area Code of Reporting Carrier	300598		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: CONNEAUT TEL CO					
Signature of Authorized Officer or employee: Deanna Brown				Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@suite224.net,O=conneaut tel co,l=Conneaut OH 44030, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer or employee: Deanna Brown					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 440-593-7138					
Study Area Code of Reporting Carrier	300606		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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	Doylestown Telephone Co.		
Signature of authorized officer	<i>Thomas J. Brockman</i>	Date	5/17/16
Printed name of authorized officer	Thomas J. Brockman		
Title or position of authorized officer	President		
Telephone number of authorized officer:	(309) 658-2121, ext.		
Study Area Code of Reporting Carrier	300609	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Cheryl Bostelman</p>				<p><small>Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbostelman@fmtc.cc,O=farmers mutual tel,l= , Date:5/19/2016</small></p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: Cheryl Bostelman</p>					
<p>Title or position of Authorized Officer or employee: Secretary/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 419-758-3303</p>					
<p>Study Area Code of Reporting Carrier</p>	300612		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 JENNINGS TEL CO					
Signature of Authorized Officer or employee: Michael Metzger				Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort jennings tel co,l=Ft. Jennings OH 45844-0146, Date:5/27/2016	
				Date: 5/27/2016	
Printed name of Authorized Officer or employee: Michael Metzger					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 419-286-2181					
Study Area Code of Reporting Carrier	300614		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: GLANDORF TEL CO					
Signature of Authorized Officer or employee: David Hunt				Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@bright.net,O=glandorf tel co,l=Glandorf OH 45848, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: David Hunt					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 419-538-6987					
Study Area Code of Reporting Carrier	300619		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: KALIDA TEL CO					
Signature of Authorized Officer or employee: Chris Phillips				Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel co,l=Kalida OH 45853, Date:5/23/2016	
				Date: 5/23/2016	
Printed name of Authorized Officer or employee: Chris Phillips					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 419-532-3218					
Study Area Code of Reporting Carrier	300625		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: MIDDLE POINT HOME</p>					
<p>Signature of Authorized Officer or employee: Bruce Hanson</p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home,lc= , Date: 5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Bruce Hanson</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 320-847-2211</p>					
Study Area Code of Reporting Carrier	300633		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MINFORD TEL CO</p>					
<p>Signature of Authorized Officer or employee: Paula McGraw</p>				<p>Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel co,l=Minford OH 45653, Date:5/18/2016</p>	
<p>Date: 5/18/2016</p>					
<p>Printed name of Authorized Officer or employee: Paula McGraw</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 740-820-2151</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>300634</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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, 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: THE NEW KNOXVILLE					
Signature of Authorized Officer or employee: Preston Meyer				Digitally signed by Preston Meyer DN:cn=Preston Meyer,email=preston@nktelco.net,O=the new knoxville, New Knoxville OH 45871-0219, Date:5/18/2016	
				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Preston Meyer					
Title or position of Authorized Officer or employee: Sales Manager/Chief Operating Officer					
Telephone number of Authorized Officer or employee: 419-753-2457					
Study Area Code of Reporting Carrier	300639		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: THE NOVA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Charles Mattingly</p>				<small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=the nova tel co,l=Judson TX 75660, Date:5/16/2016</small> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Charles Mattingly</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 903-663-0099</p>					
Study Area Code of Reporting Carrier	300644		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: OTTOVILLE MUTUAL					
Signature of Authorized Officer or employee: William Honigford				Digitally signed by William Honigford DN:cn=William Honigford,email=billh@ottovillemutual.com,O=ottoville mutual,j=Ottoville OH 45876-0427, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: William Honigford					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 419-453-3324					
Study Area Code of Reporting Carrier	300650		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: PATTERSONVILLE TEL					
Signature of Authorized Officer or employee: Aaron Jones				Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel,I=Carrollton OH 44615, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer or employee: Aaron Jones					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 330-895-4391					
Study Area Code of Reporting Carrier	300651		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Ridgeville Telephone Company	
Signature of authorized officer			Date		5/16/2016
Printed name of authorized officer			Matthew Eggers		
Title or position of authorized officer			President, Board of Directors		
Telephone number of authorized officer:			(419) 267-5185		
Study Area Code of Reporting Carrier		300654	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: SHERWOOD MUTUAL TEL					
Signature of Authorized Officer or employee: Richard Rostorfer				Digitally signed by Richard Rostorfer DN:cn=Richard Rostorfer,email=rickrostorfer@smta.cc,O=sherwood mutual tel,l=Sherwood OH 43556, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Richard Rostorfer					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 419-899-2121					
Study Area Code of Reporting Carrier	300656		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: SYCAMORE TEL CO					
Signature of Authorized Officer or employee: Richard Ekleberry II				Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@sycltelco.com,O=sycamore tel co,lc=, Date:5/26/2016	
Date: 5/26/2016					
Printed name of Authorized Officer or employee: Richard Ekleberry II					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 419-927-6012					
Study Area Code of Reporting Carrier	300658		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: TELEPHONE SERVICE					
Signature of Authorized Officer or employee: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,l= , Date:5/23/2016</small> Date: 5/23/2016	
Printed name of Authorized Officer or employee: Bruce Hanson					
Title or position of Authorized Officer or employee: Treasurer					
Telephone number of Authorized Officer or employee: 320-847-2211					
Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: VAUGHNSVILLE TEL CO					
Signature of Authorized Officer or employee: Martha Kaplan				Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel co,l=Vaughnsville OH 45893-0127, Date:5/24/2016	
Date: 5/24/2016					
Printed name of Authorized Officer or employee: Martha Kaplan					
Title or position of Authorized Officer or employee: Manager/Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 419-646-3431					
Study Area Code of Reporting Carrier	300663		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: WABASH MUTUAL TEL CO					
Signature of Authorized Officer or employee: Mike Boley				Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel co,l= , Date:5/27/2016	
Date: 5/27/2016					
Printed name of Authorized Officer or employee: Mike Boley					
Title or position of Authorized Officer or employee: President/CEO					
Telephone number of Authorized Officer or employee: 419-942-1111					
Study Area Code of Reporting Carrier	300664		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: ALLBAND COMM COOP					
Signature of Authorized Officer or employee: Ron Siegel				Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop,l= , Date:5/25/2016	
Date: 5/25/2016					
Printed name of Authorized Officer or employee: Ron Siegel					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 989-369-9999					
Study Area Code of Reporting Carrier	310542		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: BARAGA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Paul Stark</p>				<small>Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga tel co,l=Baraga MI 49908, Date:5/27/2016</small> <p>Date: 5/27/2016</p>	
<p>Printed name of Authorized Officer or employee: Paul Stark</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 906-353-6644</p>					
Study Area Code of Reporting Carrier	310675		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: BARRY COUNTY TEL CO					
Signature of Authorized Officer or employee: David Stoll				Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel co,I=Delton MI 49046, Date:5/25/2016	
				Date: 5/25/2016	
Printed name of Authorized Officer or employee: David Stoll					
Title or position of Authorized Officer or employee: GM/CEO					
Telephone number of Authorized Officer or employee: 269-623-9971					
Study Area Code of Reporting Carrier	310676		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 <u>Blanchard Telephone Company</u>				
Signature of authorized officer <u>Betsy A. Ashbaugh</u>		Date	<u>5/16/16</u>	
Printed name of authorized officer <u>Betsy A. Ashbaugh</u>				
Title or position of authorized officer <u>General Manager</u>				
Telephone number of authorized officer: <u>909-561-9930</u> ext. <u> </u>				
Study Area Code of Reporting Carrier <u>310678</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2016</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: BLOOMINGDALE TEL CO					
Signature of Authorized Officer or employee: Steve Shults				Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomingdale tel co, Date:5/27/2016	
				Date: 5/27/2016	
Printed name of Authorized Officer or employee: Steve Shults					
Title or position of Authorized Officer or employee: Assistant Treasurer					
Telephone number of Authorized Officer or employee: 269-521-7313					
Study Area Code of Reporting Carrier	310679		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				CARR TELEPHONE COMPANY	
Signature of authorized officer		<i>Teresa Bogner</i>		Date	05-18-2016
Printed name of authorized officer		TERESA BOGNER			
Title or position of authorized officer		SECRETARY			
Telephone number of authorized officer:		231-898-2244			
Study Area Code of Reporting Carrier		310683	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: CLIMAX TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kevin Doyle</p>				<p><small>Digitally signed by Kevin Doyle DN:cn=Kevin Doyle,email=kdoyle@ctstelecom.com,O=climax tel co,lc= , Date: 5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Kevin Doyle</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 269-746-3244</p>					
Study Area Code of Reporting Carrier	310688		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: DEERFIELD FARMERS					
Signature of Authorized Officer or employee: David LaRocca				<small>Digitally signed by David LaRocca DN:cn=David LaRocca,email=dave@cass.net,O=deerfield farmers,lc= , Date:5/20/2016</small> Date: 5/20/2016	
Printed name of Authorized Officer or employee: David LaRocca					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 734-279-5510					
Study Area Code of Reporting Carrier	310691		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Chapin Telephone Company				
Signature of authorized officer <i>Laurie S. Ringle</i>		Date		5/18/16
Printed name of authorized officer Laurie S. Ringle				
Title or position of authorized officer Treasurer				
Telephone number of authorized officer (989) 661-2476				
Study Area Code of Reporting Carrier 310694		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 KALEVA TELEPHONE COMPANY

Signature of authorized officer



Date

05/26/2016

Printed name of authorized officer JACK C. SCHAEFER

Title or position of authorized officer CONTROLLER

Telephone number of authorized officer: (231) 362-3111 ext.

Study Area Code of Reporting Carrier

310703

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

6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: ACE TEL OF MICHIGAN</p>					
<p>Signature of Authorized Officer or employee: Todd Roesler</p>				<p><small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel of michigan,l=Houston MN 55943-0360, Date:5/19/2016</small></p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: Todd Roesler</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 507-896-6292</p>					
<p>Study Area Code of Reporting Carrier</p>	310704		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 <i>Lennon Telephone Company</i>			
Signature of authorized officer <i>Jacqueline Bowden</i>		Date	<i>5/17/16</i>
Printed name of authorized officer <i>Jacqueline Bowden</i>			
Title or position of authorized officer <i>President</i>			
Telephone number of authorized officer: <i>(307) 622-3301, ext.</i>			
Study Area Code of Reporting Carrier	<i>310708</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2016</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: MIDWAY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Camie Nebel-Conklin</p>				<p><small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel co,l= , Date:5/25/2016</small></p> <p>Date: 5/25/2016</p>	
<p>Printed name of Authorized Officer or employee: Camie Nebel-Conklin</p>					
<p>Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 906-387-9911</p>					
<p>Study Area Code of Reporting Carrier</p>	310711		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: HIAWATHA TEL CO					
Signature of Authorized Officer or employee: Camie Nebel-Conklin				Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha tel co, Date:5/25/2016	
				Date: 5/25/2016	
Printed name of Authorized Officer or employee: Camie Nebel-Conklin					
Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer or employee: 906-387-9911					
Study Area Code of Reporting Carrier	310713		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				OGDEN TELEPHONE COMPANY	
Signature of authorized officer			Date		05/17/2016
Printed name of authorized officer			LINDA K. CORIE		
Title or position of authorized officer			SECRETARY-TREASURER		
Telephone number of authorized officer:			(517) 443-5595		
Study Area Code of Reporting Carrier		310714	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: ONTONAGON COUNTY TEL					
Signature of Authorized Officer or employee: Camie Nebel-Conklin				Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel, Date:5/25/2016	
Date: 5/25/2016					
Printed name of Authorized Officer or employee: Camie Nebel-Conklin					
Title or position of Authorized Officer or employee: Vice President/Chief Financial Officer					
Telephone number of Authorized Officer or employee: 906-387-9911					
Study Area Code of Reporting Carrier	310717		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: PIGEON TEL CO					
Signature of Authorized Officer or employee: Neal Eichler				Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel co,l=Pigeon MI 48755, Date:5/25/2016	
Date: 5/25/2016					
Printed name of Authorized Officer or employee: Neal Eichler					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 989-453-4391					
Study Area Code of Reporting Carrier	310721		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: SAND CREEK TEL CO</p>					
<p>Signature of Authorized Officer or employee: Harvey Souders</p>				<p><small>Digitally signed by Harvey Souders DN: cn=Harvey Souders, email=souders@sandcreektelco.com, O=sand creek tel co, l=Sand Creek MI 49279-0066, Date: 5/26/2016</small></p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: Harvey Souders</p>					
<p>Title or position of Authorized Officer or employee: Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 517-436-3130</p>					
<p>Study Area Code of Reporting Carrier</p>	310725		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: SPRINGPORT TEL CO					
Signature of Authorized Officer or employee: Mark Cutler				Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel co,l=Springport MI 49284-0208, Date:5/17/2016	
				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Mark Cutler					
Title or position of Authorized Officer or employee: Accountant					
Telephone number of Authorized Officer or employee: 517-857-3100					
Study Area Code of Reporting Carrier	310728		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: UPPER PENINSULA TEL</p>					
<p>Signature of Authorized Officer or employee: David Hoover</p>				<p><small>Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=upper peninsula tel, Date:5/26/2016</small></p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: David Hoover</p>					
<p>Title or position of Authorized Officer or employee: President and General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 906-639-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	310732		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

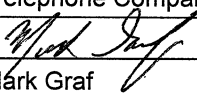
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WALDRON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Lucinda Bernath</p>				<p><small>Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel co,l=Waldron MI 49288-0197, Date:5/25/2016</small></p> <p>Date: 5/25/2016</p>	
<p>Printed name of Authorized Officer or employee: Lucinda Bernath</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 517-286-6211</p>					
Study Area Code of Reporting Carrier	310734		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: WESTPHALIA TEL CO					
Signature of Authorized Officer or employee: Paul Bowman				Digitally signed by Paul Bowman DN:cn=Paul Bowman,email=pbowman@comlink.net,O=westphalia tel co,l=Westphalia MI 48894, Date:5/25/2016	
Date: 5/25/2016					
Printed name of Authorized Officer or employee: Paul Bowman					
Title or position of Authorized Officer or employee: CEO/ General Manager					
Telephone number of Authorized Officer or employee: 989-587-5021					
Study Area Code of Reporting Carrier	310735		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Winn Telephone Company				
Signature of authorized officer 			Date	5/25/16
Printed name of authorized officer Mark Graf				
Title or position of authorized officer Manager				
Telephone number of authorized officer: (989) 953-9876 ext.				
Study Area Code of Reporting Carrier		310737	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: ACE-MI OLD MISSION</p>					
<p>Signature of Authorized Officer or employee: Todd Roesler</p>				<p><small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi old mission,l=Houston MN 55943-0360, Date:5/19/2016</small></p> <p>Date: 5/19/2016</p>	
<p>Printed name of Authorized Officer or employee: Todd Roesler</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 507-896-6292</p>					
Study Area Code of Reporting Carrier	310777		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: MCBC					
Signature of Authorized Officer or employee: David Hoover				Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=mcbc,l= , Date:5/26/2016	
Date: 5/26/2016					
Printed name of Authorized Officer or employee: David Hoover					
Title or position of Authorized Officer or employee: President and General Manager					
Telephone number of Authorized Officer or employee: 877-216-0502					
Study Area Code of Reporting Carrier	310785		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

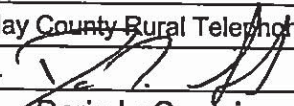
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, 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: BLOOMINGDALE HOME					
Signature of Authorized Officer or employee: Ronja Branson				Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingdaletel.com,O=bloomingdale home,l=Bloomington IN 47832, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer or employee: Ronja Branson					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 765-498-2000					
Study Area Code of Reporting Carrier	320742		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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 TEL CORP					
Signature of Authorized Officer or employee: Joan Paxson				Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citznet.com,O=citizens tel corp,I=Warren IN 46792, Date:5/26/2016	
				Date: 5/26/2016	
Printed name of Authorized Officer or employee: Joan Paxson					
Title or position of Authorized Officer or employee: Secretary, Office Manager					
Telephone number of Authorized Officer or employee: 260-375-2111					
Study Area Code of Reporting Carrier	320751		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Clay County Rural Telephone Cooperative, Inc DBA Endeavor Communications			
Signature of authorized officer 		Date	5/16/16
Printed name of authorized officer Darin LaCoursiere			
Title or position of authorized officer President & CEO			
Telephone number of authorized officer: (765) 795-4261			
Study Area Code of Reporting Carrier	320753	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: CRAIGVILLE TEL CO					
Signature of Authorized Officer or employee: Lee Von Gunten				Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel co,l=Craigville IN 46731, Date:5/26/2016	
				Date: 5/26/2016	
Printed name of Authorized Officer or employee: Lee Von Gunten					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 260-565-3131					
Study Area Code of Reporting Carrier	320756		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: DAVIESS-MARTIN/RTC</p>					
<p>Signature of Authorized Officer or employee: David Frigen</p>				<p><small>Digitally signed by David Frigen DN:cn=David Frigen,email=dfrigen@rtccom.com,O=daviess-martin/rtc,lc=Montgomery IN 47558, Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: David Frigen</p>					
<p>Title or position of Authorized Officer or employee: General Manager and Executive VP</p>					
<p>Telephone number of Authorized Officer or employee: 812-486-3211</p>					
Study Area Code of Reporting Carrier	320759		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: GEETINGSVILLE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Steve Scott</p>				<p><small>Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co,l= , Date: 5/20/2016</small></p> <p>Date: 5/20/2016</p>	
<p>Printed name of Authorized Officer or employee: Steve Scott</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 765-258-3111</p>					
Study Area Code of Reporting Carrier	320771		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Ligonier Telephone Company, Inc.			
Signature of authorized officer 		Date	05/27/2016
Printed name of authorized officer Randall L. Tepatti			
Title or position of authorized officer EVP/General Manager			
Telephone number of authorized officer: (260) 894-7161			
Study Area Code of Reporting Carrier	320783	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: MONON TEL CO					
Signature of Authorized Officer or employee: Bruce Hanway				Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel co,l=Monon IN 47959, Date:5/26/2016	
				Date: 5/26/2016	
Printed name of Authorized Officer or employee: Bruce Hanway					
Title or position of Authorized Officer or employee: Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 219-253-6601					
Study Area Code of Reporting Carrier	320790		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: MULBERRY COOP TEL CO					
Signature of Authorized Officer or employee: Randy Maish				Digitally signed by Randy Maish DN:cn=Randy Maish,email=randy@mintel.net,O=mulberry coop tel co,l=Mulberry IN 46058-0370, Date:5/26/2016	
				Date: 5/26/2016	
Printed name of Authorized Officer or employee: Randy Maish					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 765-296-2885					
Study Area Code of Reporting Carrier	320792		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

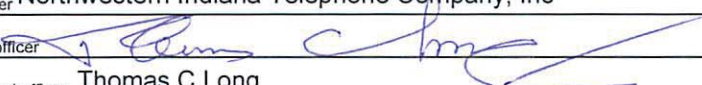
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, 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: NEW LISBON TEL CO					
Signature of Authorized Officer or employee: John Greene				Digitally signed by John Greene DN:cn=John Greene,email=jgreene@nlrc.net,O=new lisbon tel co,l=New Lisbon IN 47366, Date:5/26/2016	
				Date: 5/26/2016	
Printed name of Authorized Officer or employee: John Greene					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 765-332-2413					
Study Area Code of Reporting Carrier	320796		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: NEW PARIS TEL INC					
Signature of Authorized Officer or employee: Paul Penrose				Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel inc,l=New Paris IN 46553-0047, Date:5/26/2016	
				Date: 5/26/2016	
Printed name of Authorized Officer or employee: Paul Penrose					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 574-831-7115					
Study Area Code of Reporting Carrier	320797		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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			
<p>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).</p>			
Name of Reporting Carrier Northwestern Indiana Telephone Company, Inc			
Signature of authorized officer 		Date 5/20/2016	
Printed name of authorized officer Thomas C Long			
Title or position of authorized officer President/COO			
Telephone number of authorized officer: (219) 996-2981			
Study Area Code of Reporting Carrier	320800	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: PERRY-SPENCER RURAL					
Signature of Authorized Officer or employee: James Dauby				Digitally signed by James Dauby DN:cn=James Dauby,email=jdauby@psci.net,O=perry-spencer rural,I=St. Meinrad IN 47577, Date:5/26/2016	
				Date: 5/26/2016	
Printed name of Authorized Officer or employee: James Dauby					
Title or position of Authorized Officer or employee: President/CEO					
Telephone number of Authorized Officer or employee: 812-357-2123					
Study Area Code of Reporting Carrier	320807		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: PULASKI-WHITE RURAL</p>					
<p>Signature of Authorized Officer or employee: Mark Dickerson</p>				<p><small>Digitally signed by Mark Dickerson DN:cn=Mark Dickerson,email=mdickerson@pwrct.net,O=pulaski-white rural,l=Buffalo IN 47925, Date:5/26/2016</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Mark Dickerson</p>					
<p>Title or position of Authorized Officer or employee: President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 574-278-7121</p>					
Study Area Code of Reporting Carrier	320813		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

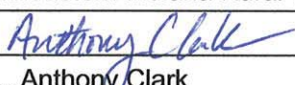
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: ROCHESTER TEL CO					
Signature of Authorized Officer or employee: Greta Lynch				Digitally signed by Greta Lynch DN:cn=Greta Lynch,email=greta.lynych@rtc1.com,O=rochester tel co,l=Rochester IN 46975-0507, Date:5/17/2016	
				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Greta Lynch					
Title or position of Authorized Officer or employee: VP-Finance					
Telephone number of Authorized Officer or employee: 574-223-0238					
Study Area Code of Reporting Carrier	320815		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					Southeastern Indiana Rural Telephone Cooperative, Inc.					
Signature of authorized officer							Date		5/19/2016	
Printed name of authorized officer				Anthony Clark						
Title or position of authorized officer				General Manager						
Telephone number of authorized officer:				(812) 667-5100 ext.						
Study Area Code of Reporting Carrier			320819		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: SUNMAN TELECOMM CORP					
Signature of Authorized Officer or employee: Michael Alig				Digitally signed by Michael Alig DN:cn=Michael Alig,email=malig@etc1.net,O=sunman telecomm corp, Sunman IN 47041, Date:5/26/2016	
				Date: 5/26/2016	
Printed name of Authorized Officer or employee: Michael Alig					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 812-623-2122					
Study Area Code of Reporting Carrier	320825		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: SWAYZEE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Timothy Miles</p>				<p><small>Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel co, Inc., Date: 5/26/2016</small></p> <p>Date: 5/26/2016</p>	
<p>Printed name of Authorized Officer or employee: Timothy Miles</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 765-922-7916</p>					
Study Area Code of Reporting Carrier	320826		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: SWEETSER RURAL TEL					
Signature of Authorized Officer or employee: Scott Winger				Digitally signed by Scott Winger DN:cn=Scott Winger,email=sweetser@comteck.com,O=sweetser rural tel,l=Sweetser IN 46987, Date:5/26/2016	
				Date: 5/26/2016	
Printed name of Authorized Officer or employee: Scott Winger					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 765-384-4311					
Study Area Code of Reporting Carrier	320827		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Washington County Rural Telephone Cooperative, Inc.				
Signature of authorized officer <i>Roland K. King</i>			Date	5/19/16
Printed name of authorized officer Roland K King				
Title or position of authorized officer President				
Telephone number of authorized officer: (812) 967-3171				
Study Area Code of Reporting Carrier	320834		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: YEOMAN TEL CO, INC					
Signature of Authorized Officer or employee: David Blacker				Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@ytci.com,O=yeoman tel co, inc,l= , Date:5/17/2016	
				Date: 5/17/2016	
Printed name of Authorized Officer or employee: David Blacker					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 574-965-2100					
Study Area Code of Reporting Carrier	320839		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

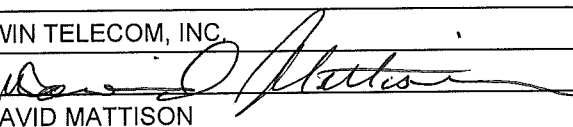
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, 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: AMERY TELCOM, INC.					
Signature of Authorized Officer or employee: Michael Jensen				Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/18/2016	
Date: 5/18/2016					
Printed name of Authorized Officer or employee: Michael Jensen					
Title or position of Authorized Officer or employee: President & General Manager					
Telephone number of Authorized Officer or employee: 715-268-7101					
Study Area Code of Reporting Carrier	330842		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: AMHERST TEL CO					
Signature of Authorized Officer or employee: Carl Bohman				Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=cbohman@wi-net.com,O=amherst tel co,l=Amherst WI 54406-0279, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer or employee: Carl Bohman					
Title or position of Authorized Officer or employee: President & General Manager					
Telephone number of Authorized Officer or employee: 715-824-5529					
Study Area Code of Reporting Carrier	330843		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 BALDWIN TELECOM, INC.			
Signature of authorized officer 		Date	5/16/2016
Printed name of authorized officer DAVID MATTISON			
Title or position of authorized officer PRESIDENT			
Telephone number of authorized officer: (715) 684-3346			
Study Area Code of Reporting Carrier 330846		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: BELMONT TEL CO					
Signature of Authorized Officer or employee: Deb Egli				Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=belmont tel co,l=Cuba City WI 53807, Date:5/24/2016	
				Date: 5/24/2016	
Printed name of Authorized Officer or employee: Deb Egli					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 608-744-3500					
Study Area Code of Reporting Carrier	330847		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: BERGEN TEL CO					
Signature of Authorized Officer or employee: Brad Ellefson				<small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel co,l=Sharon WI 53585, Date:5/24/2016</small> Date: 5/24/2016	
Printed name of Authorized Officer or employee: Brad Ellefson					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 262-736-9981					
Study Area Code of Reporting Carrier	330848		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: BLOOMER TEL CO					
Signature of Authorized Officer or employee: Jim Smart				<small>Digitally signed by Jim Smart DN:cn=Jim Smart,email=jrs@bloomer.net,O=bloomer tel co,l= , Date:5/18/2016</small> Date: 5/18/2016	
Printed name of Authorized Officer or employee: Jim Smart					
Title or position of Authorized Officer or employee: Vice President/General Manager					
Telephone number of Authorized Officer or employee: 715-568-4830					
Study Area Code of Reporting Carrier	330850		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: BRUCE TEL CO, INC</p>					
<p>Signature of Authorized Officer or employee: John Manosky</p>				<p><small>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel co, inc,l= , Date:5/25/2016</small></p> <p>Date: 5/25/2016</p>	
<p>Printed name of Authorized Officer or employee: John Manosky</p>					
<p>Title or position of Authorized Officer or employee: President & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-868-5111</p>					
<p>Study Area Code of Reporting Carrier</p>	330855		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: CHEQUAMEGON COM COOP					
Signature of Authorized Officer or employee: Ray Schindler				Digitally signed by Ray Schindler DN:cn=Ray Schindler,email=rschindler@norvado.com,O=chequamegon com coop,l= , Date:5/18/2016	
				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Ray Schindler					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 715-798-3303					
Study Area Code of Reporting Carrier	330860		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: CHIBARDUN TEL COOP					
Signature of Authorized Officer or employee: N. Scott Behn				Digitally signed by N. Scott Behn DN:cn=N. Scott Behn,email=sbehn@mosaiclecom.com,O=chibardun tel coop,l=Cameron WI 54822-0664, Date:5/19/2016	
				Date: 5/19/2016	
Printed name of Authorized Officer or employee: N. Scott Behn					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 715-458-5400					
Study Area Code of Reporting Carrier	330861		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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 TEL COOP-WI					
Signature of Authorized Officer or employee: Dennis Bachman				Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel coop-wi,l=New Auburn WI 54757-0127, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer or employee: Dennis Bachman					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 715-237-2605					
Study Area Code of Reporting Carrier	330863		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: CLEAR LAKE TEL CO-WI					
Signature of Authorized Officer or employee: Tim Kusilek				Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake tel co-wi,l=Clear Lake WI 54005, Date:5/26/2016	
				Date: 5/26/2016	
Printed name of Authorized Officer or employee: Tim Kusilek					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 715-263-2755					
Study Area Code of Reporting Carrier	330865		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: COCHRANE COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Gina Tomlinson</p>				<p><small>Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mw.t.net,O=cochrane coop tel co,l=Cochrane WI 54622-0189, Date:5/16/2016</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Gina Tomlinson</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 608-248-2323</p>					
Study Area Code of Reporting Carrier	330866		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: COON VALLEY FARMERS					
Signature of Authorized Officer or employee: Carol Olson				Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers,l=Coon Valley WI 54623-0398, Date:5/18/2016	
Date: 5/18/2016					
Printed name of Authorized Officer or employee: Carol Olson					
Title or position of Authorized Officer or employee: Assistant Secretary Treasurer					
Telephone number of Authorized Officer or employee: 608-452-3101					
Study Area Code of Reporting Carrier	330868		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: CUBA CITY EXCHANGE					
Signature of Authorized Officer or employee: Deb Egli				Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=cuba city exchange,l=Cuba City WI 53807, Date:5/24/2016	
Date: 5/24/2016					
Printed name of Authorized Officer or employee: Deb Egli					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 608-744-3500					
Study Area Code of Reporting Carrier	330872		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: FARMERS INDEPENDENT					
Signature of Authorized Officer or employee: Mark Anderson				<small>Digitally signed by Mark Anderson DN:cn=Mark Anderson,email=mark@grantsburgtelcom.com,O=farmers independent,l=Grantsburg WI 54840-0447, Date:5/18/2016</small> Date: 5/18/2016	
Printed name of Authorized Officer or employee: Mark Anderson					
Title or position of Authorized Officer or employee: General Manager and Compliance Officer					
Telephone number of Authorized Officer or employee: 715-463-5322					
Study Area Code of Reporting Carrier	330879		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: HILLSBORO TEL CO</p>					
<p>Signature of Authorized Officer or employee: Carla Shaker</p>				<p><small>Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel co,l=Hillsboro WI 54634-0427, Date:5/20/2016</small></p> <p>Date: 5/20/2016</p>	
<p>Printed name of Authorized Officer or employee: Carla Shaker</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer/Office Mgr.</p>					
<p>Telephone number of Authorized Officer or employee: 608-489-2100</p>					
Study Area Code of Reporting Carrier	330892		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: LAKEFIELD TEL CO					
Signature of Authorized Officer or employee: Robert Webb				Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=lakefield tel co,l=Green Bay WI 54307-9079, Date:5/20/2016	
Date: 5/20/2016					
Printed name of Authorized Officer or employee: Robert Webb					
Title or position of Authorized Officer or employee: Vice President/COO					
Telephone number of Authorized Officer or employee: 920-617-7351					
Study Area Code of Reporting Carrier	330896		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: LA VALLE TEL COOP					
Signature of Authorized Officer or employee: Gregory Rockweiler				Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=lrc@mwt.net,O=la valle tel coop,l=La Valle WI 53941, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer or employee: Gregory Rockweiler					
Title or position of Authorized Officer or employee: Assistant Secretary					
Telephone number of Authorized Officer or employee: 608-985-7201					
Study Area Code of Reporting Carrier	330899		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: LEMONWEIR VALLEY TEL</p>					
<p>Signature of Authorized Officer or employee: Donna Rezin</p>				<p><small>Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=donna.rezin@lynxxnet.com,O=lemonweir valley tel,l=Camp Douglas WI 54618, Date:5/19/2016</small></p> <p>Date: 5/19/2016</p>	
<p>Printed name of Authorized Officer or employee: Donna Rezin</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 608-427-6515</p>					
<p>Study Area Code of Reporting Carrier</p>	330900		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: LAKELAND-LUCK					
Signature of Authorized Officer or employee: Crystal Morley				Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland-luck,I=Milltown WI 54858, Date:5/19/2016	
				Date: 5/19/2016	
Printed name of Authorized Officer or employee: Crystal Morley					
Title or position of Authorized Officer or employee: Accounting Manager					
Telephone number of Authorized Officer or employee: 715-825-5105					
Study Area Code of Reporting Carrier	330902		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: MANAWA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Thomas Squires</p>				<p><small>Digitally signed by Thomas Squires DN:cn=Thomas Squires,email=tsquires@wolfnet.net,O=manawa tel co,l=Manawa WI 54949, Date:5/18/2016</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Thomas Squires</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 920-596-1707</p>					
<p>Study Area Code of Reporting Carrier</p>	330905		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: MARQUETTE-ADAMS COOP					
Signature of Authorized Officer or employee: Jerry Schneider				Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquette-adams coop,l=Oxford WI 53952, Date:5/27/2016	
				Date: 5/27/2016	
Printed name of Authorized Officer or employee: Jerry Schneider					
Title or position of Authorized Officer or employee: CEO & General Manager					
Telephone number of Authorized Officer or employee: 608-586-4111					
Study Area Code of Reporting Carrier	330908		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: LAKELAND-MILLTOWN</p>					
<p>Signature of Authorized Officer or employee: Crystal Morley</p>				<p><small>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakeland.ws,O=lakeland-milltown,l=Milltown WI 54858, Date:5/19/2016</small></p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: Crystal Morley</p>					
<p>Title or position of Authorized Officer or employee: Accounting Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-825-5105</p>					
<p>Study Area Code of Reporting Carrier</p>	330910		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NELSON COMM COOP</p>					
<p>Signature of Authorized Officer or employee: Christy Berger</p>				<p>Digitally signed by Christy Berger DN:cn=Christy Berger,email=christy@nelson-tel.net,O=nelson comm coop,l=Durand WI 54736-0228, Date:5/18/2016</p>	
<p>Date: 5/18/2016</p>					
<p>Printed name of Authorized Officer or employee: Christy Berger</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 715-672-4204</p>					
Study Area Code of Reporting Carrier	330918		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NIAGARA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Robert Webb</p>				<p><small>Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=niagara tel co,l=Green Bay WI 54307-9079, Date:5/20/2016</small></p>	
<p>Date: 5/20/2016</p>					
<p>Printed name of Authorized Officer or employee: Robert Webb</p>					
<p>Title or position of Authorized Officer or employee: Vice President/COO</p>					
<p>Telephone number of Authorized Officer or employee: 920-617-7351</p>					
<p>Study Area Code of Reporting Carrier</p>	330920		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: BAYLAND TEL, LLC</p>					
<p>Signature of Authorized Officer or employee: Robert Webb</p>				<p><small>Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=bayland tel, llc,l=Green Bay WI 54307-9079, Date:5/20/2016</small></p> <p>Date: 5/20/2016</p>	
<p>Printed name of Authorized Officer or employee: Robert Webb</p>					
<p>Title or position of Authorized Officer or employee: Vice President/COO</p>					
<p>Telephone number of Authorized Officer or employee: 920-617-7351</p>					
Study Area Code of Reporting Carrier	330925		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier Indianhead Telephone Company			
Signature of authorized officer <i>William Eckles</i>		Date 5/18/2016	
Printed name of authorized officer William Eckles			
Title or position of authorized officer President			
Telephone number of authorized officer: (507) 526-3252			
Study Area Code of Reporting Carrier 330936		Filing Due Date for this form (mm/dd/yyyy) 6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PRICE COUNTY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Catherine Mess</p>				<p><small>Digitally signed by Catherine Mess DN:cn=Catherine Mess,email=messc@pctcnet.net,O=price county tel co,l=Phillips WI 54555-0108, Date:5/17/2016</small></p>	
<p>Date: 5/17/2016</p>					
<p>Printed name of Authorized Officer or employee: Catherine Mess</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 715-339-2151</p>					
<p>Study Area Code of Reporting Carrier</p>	330937		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: NORTHEAST TEL CO					
Signature of Authorized Officer or employee: Robert Webb				Digitally signed by Robert Webb DN:cn=Robert Webb,email=bob.webb@nsight.com,O=northeast tel co,l=Green Bay WI 54307-9079, Date:5/20/2016	
Date: 5/20/2016					
Printed name of Authorized Officer or employee: Robert Webb					
Title or position of Authorized Officer or employee: Vice President/COO					
Telephone number of Authorized Officer or employee: 920-617-7351					
Study Area Code of Reporting Carrier	330938		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: RICHLAND-GRANT COOP					
Signature of Authorized Officer or employee: John Bartz				Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mw.t.net,O=richland-grant coop,l=Blue River WI 53518, Date:5/25/2016	
				Date: 5/25/2016	
Printed name of Authorized Officer or employee: John Bartz					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 608-537-2461					
Study Area Code of Reporting Carrier	330942		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: SHARON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Brad Ellefson</p>				<p><small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel co,l=Sharon WI 53585, Date:5/24/2016</small></p> <p>Date: 5/24/2016</p>	
<p>Printed name of Authorized Officer or employee: Brad Ellefson</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 262-736-9981</p>					
Study Area Code of Reporting Carrier	330946		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: SIREN TEL CO, INC					
Signature of Authorized Officer or employee: Sid Sherstad				Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel co, inc,l=Siren WI 54872-0426, Date:5/19/2016	
Date: 5/19/2016					
Printed name of Authorized Officer or employee: Sid Sherstad					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 715-349-2224					
Study Area Code of Reporting Carrier	330949		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: SOMERSET TEL CO</p>					
<p>Signature of Authorized Officer or employee: Michael Jensen</p>				<p><small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel co,lc=, Date:5/18/2016</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Michael Jensen</p>					
<p>Title or position of Authorized Officer or employee: President & General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 715-268-7101</p>					
Study Area Code of Reporting Carrier	330951		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: SPRING VALLEY TEL CO					
Signature of Authorized Officer or employee: Carol Anderson				Digitally signed by Carol Anderson DN:cn=Carol Anderson,email=svtel@svtel.net,O=spring valley tel co,l=Spring Valley WI 54767, Date:5/18/2016	
Date: 5/18/2016					
Printed name of Authorized Officer or employee: Carol Anderson					
Title or position of Authorized Officer or employee: Assistant Manager/Assistant Secretary					
Telephone number of Authorized Officer or employee: 715-778-4433					
Study Area Code of Reporting Carrier	330953		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: TRI-COUNTY COMM COOP					
Signature of Authorized Officer or employee: Cheryl Rue				Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tccpro.net,O=tri-county comm coop,l=Strum WI 54770, Date:5/18/2016	
Date: 5/18/2016					
Printed name of Authorized Officer or employee: Cheryl Rue					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 715-695-2691					
Study Area Code of Reporting Carrier	330960		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: UNION TEL CO					
Signature of Authorized Officer or employee: Katherine Kehl				<small>Digitally signed by Katherine Kehl DN:cn=Katherine Kehl,email=kkehl@uniontel.net,O=union tel co,l=Plainfield WI 54966-0096, Date:5/18/2016</small> Date: 5/18/2016	
Printed name of Authorized Officer or employee: Katherine Kehl					
Title or position of Authorized Officer or employee: Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 715-335-6301					
Study Area Code of Reporting Carrier	330962		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: VERNON COMM. COOP.					
Signature of Authorized Officer or employee: Rodney Olson				Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernoncom.coop,O=vernon comm. coop.,l=Westby WI 54667, Date:5/19/2016	
Date: 5/19/2016					
Printed name of Authorized Officer or employee: Rodney Olson					
Title or position of Authorized Officer or employee: CEO & General Manager					
Telephone number of Authorized Officer or employee: 608-634-7421					
Study Area Code of Reporting Carrier	330966		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: W. WISCONSIN TELCOM					
Signature of Authorized Officer or employee: Mark Stenseth				Digitally signed by Mark Stenseth DN:cn=Mark Stenseth,email=stenseth@wwt.coop,O=w. wisconsin telcom,l=Downsville WI 54735, Date:5/18/2016	
				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Mark Stenseth					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 715-664-8311					
Study Area Code of Reporting Carrier	330971		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: WITTENBERG TEL CO					
Signature of Authorized Officer or employee: Linda Garbelman				Digitally signed by Linda Garbelman DN:cn=Linda Garbelman,email=lgarbelman@cirrinity.net,O=wittenberg tel co,l=Wittenberg WI 54499, Date:5/18/2016	
Date: 5/18/2016					
Printed name of Authorized Officer or employee: Linda Garbelman					
Title or position of Authorized Officer or employee: CFO/Treasurer					
Telephone number of Authorized Officer or employee: 715-253-2115					
Study Area Code of Reporting Carrier	330973		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: WOOD COUNTY TEL CO					
Signature of Authorized Officer or employee: Gregory Krings				Digitally signed by Gregory Krings DN:cn=Gregory Krings,email=krings@solarus.net,O=wood county tel co,l=Wisconsin Rapids WI 54495-8045, Date:5/17/2016	
				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Gregory Krings					
Title or position of Authorized Officer or employee: Director of Finance					
Telephone number of Authorized Officer or employee: 715-421-8129					
Study Area Code of Reporting Carrier	330974		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: ADAMS TEL COOP					
Signature of Authorized Officer or employee: James Broemmer Jr.				Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbroemmer@adams.net,O=adams tel coop,l=Golden IL 62339, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer or employee: James Broemmer Jr.					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 217-696-4411					
Study Area Code of Reporting Carrier	340976		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: ALHAMBRA-GRANTFORK					
Signature of Authorized Officer or employee: Kevin Osterbur				Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@agtelco.com,O=alhambra-grantfork,/=Alhambra IL 62001-0207, Date:5/25/2016	
Date: 5/25/2016					
Printed name of Authorized Officer or employee: Kevin Osterbur					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 618-488-2165					
Study Area Code of Reporting Carrier	340978		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: CAMBRIDGE TEL CO -IL					
Signature of Authorized Officer or employee: Scott Rubins				Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=cambridge tel co -il,l=Geneseo IL 61254-0330, Date:5/18/2016	
				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Scott Rubins					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 309-944-2103					
Study Area Code of Reporting Carrier	340983		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: CASS TEL CO</p>					
<p>Signature of Authorized Officer or employee: Tom Allen</p>				<p>Digitally signed by Tom Allen DN:cn=Tom Allen,email=tomallen@casscomm.com,O=cass tel co,l=Virginia IL 62691, Date:5/23/2016</p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: Tom Allen</p>					
<p>Title or position of Authorized Officer or employee: Vice President/Chief Operating Officer</p>					
<p>Telephone number of Authorized Officer or employee: 217-452-7800</p>					
Study Area Code of Reporting Carrier	340984		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

05-16-16:12:47 ;

:3149972561

APPENDIX D

EXHIBIT 1

5/ 6

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 §1.917(d)(vii).

Name of Reporting Carrier	CLARKSVILLE MUTUAL TELEPHONE COMPANY		
Signature of authorized officer	Patricia Rhoads	Date	5-17-16
Printed name of authorized officer	PATRICIA RHODS		
Title or position of authorized officer	SEC - TREAS		
Telephone number of authorized officer	217-889-3822		
Study Area Code of Reporting Carrier	340990	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 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	Crossville Telephone Company, Inc.				
Signature of authorized officer	<i>Thomas D Rawlinson</i>			Date	5/25/2016
Printed name of authorized officer	Thomas D. Rawlinson				
Title or position of authorized officer	President				
Telephone number of authorized officer:	(618) 966-2196 ext.				
Study Area Code of Reporting Carrier	340993		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Egyptian Telephone Cooperative Association	
Signature of authorized officer			Date		05.26.2016
Printed name of authorized officer			Kevin J. Jacobsen		
Title or position of authorized officer			CEO		
Telephone number of authorized officer:			(618) 774-1000		
Study Area Code of Reporting Carrier		341003	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Flat Rock Telephone Co-Operative	
Signature of authorized officer			Date		05.26.2016
Printed name of authorized officer			Kevin J. Jacobsen		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(618) 774-1000		
Study Area Code of Reporting Carrier		341012	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: GENESEO TEL CO					
Signature of Authorized Officer or employee: Scott Rubins				Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=geneseo tel co,l=Geneseo IL 61254-0330, Date:5/18/2016	
				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Scott Rubins					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 309-944-2103					
Study Area Code of Reporting Carrier	341016		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Glasford Telephone Company	
Signature of authorized officer				Date	5/25/16
Printed name of authorized officer		Duane Goetze			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(309) 389-2111 ext.			
Study Area Code of Reporting Carrier	341017	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Grafton Telephone Company			
Signature of authorized officer <i>Leigh Sickinger</i>		Date 05/24/2016	
Printed name of authorized officer Leigh Sickinger			
Title or position of authorized officer Vice President			
Telephone number of authorized officer: (618) 786-3400			
Study Area Code of Reporting Carrier 341020		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 <u>Grandview Mutual Tele</u>			
Signature of authorized officer <u>Angela Tate</u>		Date	<u>5-27-2016</u>
Printed name of authorized officer <u>Angela Tate</u>			
Title or position of authorized officer <u>TREASURER</u>			
Telephone number of authorized officer: <u>279410 ext 4101</u>			
Study Area Code of Reporting Carrier	<u>341021</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2016</u>

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

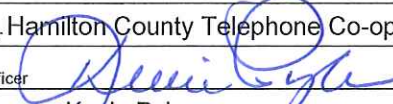
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: GRIDLEY TEL CO					
Signature of Authorized Officer or employee: Herb Flesher				Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel co,l=Gridley IL 61744-0129, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer or employee: Herb Flesher					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 309-747-3780					
Study Area Code of Reporting Carrier	341023		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					Hamilton County Telephone Co-op						
Signature of authorized officer								Date		5-17-16	
Printed name of authorized officer				Kevin Pyle							
Title or position of authorized officer				GM/EVP							
Telephone number of authorized officer:				(618) 736-2211							
Study Area Code of Reporting Carrier				341024		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: SHAWNEE TEL. CO.					
Signature of Authorized Officer or employee: James Grisham				Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee tel. co.,l=Equality IL 62934, Date:5/27/2016	
				Date: 5/27/2016	
Printed name of Authorized Officer or employee: James Grisham					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 618-276-4211					
Study Area Code of Reporting Carrier	341025		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: HENRY COUNTY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Scott Rubins</p>				<p><small>Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@geneseo.net,O=henry county tel co,l=Geneseo IL 61254-0330, Date:5/18/2016</small></p>	
<p>Date: 5/18/2016</p>					
<p>Printed name of Authorized Officer or employee: Scott Rubins</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 309-944-2103</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341029</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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 Home Telephone Co.			
Signature of authorized officer <i>Eric Schmidt</i>		Date	5/20/16
Printed name of authorized officer Eric Schmidt			
Title or position of authorized officer President			
Telephone number of authorized officer: (618) 644-2111 ext.			
Study Area Code of Reporting Carrier	341032	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: KINSMAN MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Michelle Baudino</p>				<p><small>Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel,l=Kinsman IL 60437, Date:5/20/2016</small></p>	
<p>Date: 5/20/2016</p>					
<p>Printed name of Authorized Officer or employee: Michelle Baudino</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 815-392-4210</p>					
<p>Study Area Code of Reporting Carrier</p>	341041		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 **LaHarpe Telephone Co., Inc.**

Signature of authorized officer *Todd Irish* Date **05/25/2016**

Printed name of authorized officer **Todd Irish**

Title or position of authorized officer **President**

Telephone number of authorized officer: **(217) 659-7721 ext.**

Study Area Code of Reporting Carrier	341043	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

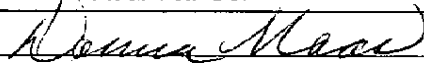
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: LEAF RIVER TEL CO</p>					
<p>Signature of Authorized Officer or employee: Aaron Palmer</p>				<p><small>Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lrnet1.com,O=leaf river tel co,l=Leaf River IL 61047, Date:5/25/2016</small></p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Aaron Palmer</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 815-738-2216</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>341045</p>	<p>6/16/2016</p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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 Leonore Mutual Tel. Co.				
Signature of authorized officer 			Date	5/25/2016
Printed name of authorized officer Donna Naas				
Title or position of authorized officer Assistant Secretary				
Telephone number of authorized officer: (815) 856-3164				
Study Area Code of Reporting Carrier		341046	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: MCDONOUGH TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Jay Griswold</p>				<p>Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jay@mdtc.net,O=mcdonough tel coop,l=Colchester IL 62326, Date:5/25/2016</p>	
<p>Date: 5/25/2016</p>					
<p>Printed name of Authorized Officer or employee: Jay Griswold</p>					
<p>Title or position of Authorized Officer or employee: Vice President of Finance</p>					
<p>Telephone number of Authorized Officer or employee: 309-776-3211</p>					
Study Area Code of Reporting Carrier	341047		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				McNabb Telephone Company	
Signature of authorized officer		<i>Roger Pletsch, Pres.</i>		Date	5/25/2016
Printed name of authorized officer		Roger Pletsch			
Title of position of authorized officer		President			
Telephone number of authorized officer:		(815) 882-2201			
Study Area Code of Reporting Carrier	341048	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: MADISON TEL CO					
Signature of Authorized Officer or employee: Mary Schwartz				Digitally signed by Mary Schwartz DN:cn=Mary Schwartz,email=infomtc@madisonelco.com,O=madison tel co,l=Staunton IL 62088, Date:5/20/2016	
Date: 5/20/2016					
Printed name of Authorized Officer or employee: Mary Schwartz					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 618-635-5000					
Study Area Code of Reporting Carrier	341049		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					Marseilles Telephone Company		
Signature of authorized officer		Ann Dickerson		<small>Digitally signed by Ann Dickerson DN: cn=Ann Dickerson, o=MTCO, ou, email=adickerson@corp.mtco.com, c=US Date: 2016.05.16 15:23:02 -0500</small>		Date	05/16/2016
Printed name of authorized officer		Ann E. Dickerson					
Title or position of authorized officer		CFO					
Telephone number of authorized officer:		(309) 367-4197 ext.					
Study Area Code of Reporting Carrier		341050		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 **Metamora Telephone Company**

Signature of authorized officer **Ann Dickerson** Digitally signed by Ann Dickerson
DN: cn=Ann Dickerson, o=MTCO, ou, email=adickerson@corp.mtco.com, c=US
Date: 2016.05.16 15:05:40 -05'00' Date **05/16/2016**

Printed name of authorized officer **Ann E. Dickerson**

Title or position of authorized officer **CFO**

Telephone number of authorized officer: **(309) 367-4197** ext.

Study Area Code of Reporting Carrier **341053** Filing Due Date for this form (mm/dd/yyyy) **6/16/2016**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: MIDCENTURY TEL CO-OP					
Signature of Authorized Officer or employee: James Broemmer, Jr.				Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jbroemmer@adams.net,O=midcentury tel co-op,l=Fairview IL 61432, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: James Broemmer, Jr.					
Title or position of Authorized Officer or employee: CEO/General Manager					
Telephone number of Authorized Officer or employee: 309-778-8611					
Study Area Code of Reporting Carrier	341054		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 <u>MONTROSE Mutual Tel. Co., INC</u>				
Signature of authorized officer <u>George P. Tays</u>			Date	<u>5-25-16</u>
Printed name of authorized officer <u>George P. TAYS</u>				
Title or position of authorized officer <u>Sec 1 TREAS</u>				
Telephone number of authorized officer <u>217 985-5422</u> ext.				
Study Area Code of Reporting Carrier <u>34-1058</u>		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					Moultrie Independent Telephone Company				
Signature of authorized officer						Date		5/25/2016	
Printed name of authorized officer				Steven G. Bowers					
Title or position of authorized officer				President					
Telephone number of authorized officer:				(217) 873-5211 ext.					
Study Area Code of Reporting Carrier		341060		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016			
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>									

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 §1.917(d)(vii).			
Name of Reporting Carrier New Windsor Telephone Company			
Signature of authorized officer		Date	5/25/2016
Printed name of authorized officer Richard Ristau		<i>Richard W. Ristau</i>	
Title or position of authorized officer Secretary			
Telephone number of authorized officer: (309) 667-2712 ext.			
Study Area Code of Reporting Carrier	341062	Filing Due Date for this form (mm/dd/yyyy)	5/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Oneida Telephone Exchange				
Signature of authorized officer <i>Gary Peterson</i>		Date		May 25, 2016
Printed name of authorized officer Gary Peterson				
Title or position of authorized officer President				
Telephone number of authorized officer: (309) 483-3111 , ext.				
Study Area Code of Reporting Carrier	341066	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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	Reynolds Telephone Company				
Signature of authorized officer	<i>Grace Ochsner</i>			Date	05/16/2016
Printed name of authorized officer	Grace Ochsner				
Title or position of authorized officer	General Manager/Asst. Treasurer				
Telephone number of authorized officer:	309 3724490				
Study Area Code of Reporting Carrier	341075	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

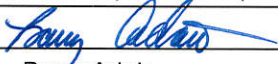
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Tonica Telephone Company	
Signature of authorized officer			Date		5/25/2016
Printed name of authorized officer			Lloyd Vogel		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(815) 442-9901		
Study Area Code of Reporting Carrier		341086	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: VIOLA HOME TEL CO					
Signature of Authorized Officer or employee: Robert Millikan				Digitally signed by Robert Millikan DN:cn=Robert Millikan,email=wins2@vhtmail.net,O=viola home tel co,l=Viola IL 61486, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer or employee: Robert Millikan					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 309-596-2109					
Study Area Code of Reporting Carrier	341087		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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			
<p>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).</p>			
Name of Reporting Carrier Wabash Telephone Cooperative, Inc			
Signature of authorized officer 		Date 05/23/2016	
Printed name of authorized officer Barry Adair			
Title or position of authorized officer EVP/ General Manager			
Telephone number of authorized officer: (618) 665-3311			
Study Area Code of Reporting Carrier 341088		Filing Due Date for this form (mm/dd/yyyy) 6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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					Woodhull Telephone Company						
Signature of authorized officer				<i>Gerald Krueger</i>				Date		5-26-16	
Printed name of authorized officer				Gerald Krueger							
Title or position of authorized officer				Vice-President							
Telephone number of authorized officer: 309334 2150 ext.											
Study Area Code of Reporting Carrier			34-1091			Filing Due Date for this form (mm/dd/yyyy)			6/16/2016		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>											

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				STELL TELEPHONE Co.	
Signature of authorized officer			Date		5/24/16
Printed name of authorized officer			CANDICE CHAFFEE		
Title or position of authorized officer			FINANCIAL/ADMIN MGR		
Telephone number of authorized officer:			8152562345 ext.		
Study Area Code of Reporting Carrier		34109Z	Filing Due Date for this form (mm/dd/yyyy)		6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: REASNOR TEL. CO.					
Signature of Authorized Officer or employee: Gary Neill				Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=reasnor tel. co.,l= , Date:5/17/2016	
				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Gary Neill					
Title or position of Authorized Officer or employee: Consultant					
Telephone number of Authorized Officer or employee: 402-477-1354					
Study Area Code of Reporting Carrier	350739		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: ANDREW TEL CO INC					
Signature of Authorized Officer or employee: JoAnne Gregorich				Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel co inc,l=LaMotte IA 52054, Date:5/18/2016	
				Date: 5/18/2016	
Printed name of Authorized Officer or employee: JoAnne Gregorich					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 563-773-2213					
Study Area Code of Reporting Carrier	351097		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 <u>Arcadia Telephone Cooperative</u>			
Signature of authorized officer <u>Tony Vonnahme</u>		Date	<u>5-23-16</u>
Printed name of authorized officer <u>Tony Vonnahme</u>			
Title or position of authorized officer <u>Board President</u>			
Telephone number of authorized officer: <u>(712) 689-2738, ext.</u>			
Study Area Code of Reporting Carrier	<u>351098</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2016</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: ATKINS TEL CO, INC</p>					
<p>Signature of Authorized Officer or employee: Gerald Spaight</p>				<p>Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel co, inc, Atkins IA 52206, Date:5/23/2016</p>	
				<p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Gerald Spaight</p>					
<p>Title or position of Authorized Officer or employee: General Manager / Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 319-446-7331</p>					
Study Area Code of Reporting Carrier	351101		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: AYRSHIRE FARMERS MUT					
Signature of Authorized Officer or employee: Donald Miller				Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=ayrshire farmers mut,l=Ayrshire IA 50515-0248, Date:5/25/2016	
				Date: 5/25/2016	
Printed name of Authorized Officer or employee: Donald Miller					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 712-776-2222					
Study Area Code of Reporting Carrier	351105		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: ALPINE COMM.					
Signature of Authorized Officer or employee: Chris Hopp				Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine comm.,l=Elkader IA 52043, Date:5/18/2016	
Date: 5/18/2016					
Printed name of Authorized Officer or employee: Chris Hopp					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 563-245-4480					
Study Area Code of Reporting Carrier	351106		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: BALDWIN-NASHVILLE					
Signature of Authorized Officer or employee: Brian Rickels				Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville,I=Baldwin IA 52207-0050, Date:5/18/2016	
				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Brian Rickels					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 563-673-6001					
Study Area Code of Reporting Carrier	351107		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: BARNES CITY COOP					
Signature of Authorized Officer or employee: Doris Freeborn				Digitally signed by Doris Freeborn DN:cn=Doris Freeborn,email=dorism@netins.net,O=barnes city coop,l=Barnes City IA 50027-0019, Date:5/24/2016	
Date: 5/24/2016					
Printed name of Authorized Officer or employee: Doris Freeborn					
Title or position of Authorized Officer or employee: Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 641-644-5214					
Study Area Code of Reporting Carrier	351108		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: BERNARD TEL CO INC					
Signature of Authorized Officer or employee: Kyle Manders				Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel co inc,l=Bernard IA 52032-0068, Date:5/18/2016	
				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Kyle Manders					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 563-879-3203					
Study Area Code of Reporting Carrier	351110		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: BREDA TEL CORP.</p>					
<p>Signature of Authorized Officer or employee: Jane Morlok</p>				<p><small>Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=breda tel corp.,l=Breda IA 51436-0190, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Jane Morlok</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 712-673-8101</p>					
Study Area Code of Reporting Carrier	351112		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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	Brooklyn Mutual Telecommunications Cooperative				
Signature of authorized officer				Date	5-27-16
Printed name of authorized officer	Tim Siemens				
Title or position of authorized officer	President				
Telephone number of authorized officer	(641) 522-9211				
Study Area Code of Reporting Carrier	351113		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: TITONKA-BURT (BURT)					
Signature of Authorized Officer or employee: Vicky Nelson				Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt (burt),l=Titonka IA 50480-0321, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Vicky Nelson					
Title or position of Authorized Officer or employee: Secretary-Treasurer					
Telephone number of Authorized Officer or employee: 515-928-2110					
Study Area Code of Reporting Carrier	351114		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: BUTLER-BREMER MUTUAL					
Signature of Authorized Officer or employee: Richard McBurney				Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=butler-bremer mutual,l=Plainfield IA 50666-0099, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Richard McBurney					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 319-276-4458					
Study Area Code of Reporting Carrier	351115		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: CASCADE COMM. CO.					
Signature of Authorized Officer or employee: David Gibson				<small>Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade comm. co.,l=Cascade IA 52033-0250, Date:5/16/2016</small> Date: 5/16/2016	
Printed name of Authorized Officer or employee: David Gibson					
Title or position of Authorized Officer or employee: General Manager/Compliance Officer					
Telephone number of Authorized Officer or employee: 563-852-3710					
Study Area Code of Reporting Carrier	351118		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: CASEY MUTUAL TEL CO					
Signature of Authorized Officer or employee: John Breining				Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel co,l=Casey IA 50048, Date:5/26/2016	
				Date: 5/26/2016	
Printed name of Authorized Officer or employee: John Breining					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 641-746-2222					
Study Area Code of Reporting Carrier	351119		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Center Junction Telephone Company Inc.	
Signature of authorized officer				Date	5/17/2016
Printed name of authorized officer		Russ Benke			
Title or position of authorized officer		Chief Operating Officer			
Telephone number of authorized officer:		(563) 487-2631 ext.			
Study Area Code of Reporting Carrier	351121	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: CENTRAL SCOTT TEL CO					
Signature of Authorized Officer or employee: Kent Dau				Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel co,l=Eldridge IA 52748, Date:5/25/2016	
Date: 5/25/2016					
Printed name of Authorized Officer or employee: Kent Dau					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 563-285-9611					
Study Area Code of Reporting Carrier	351125		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: CITIZENS MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Joe Snyder</p>				<p><small>Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=citizens mutual tel,l=Bloomfield IA 52537, Date:5/23/2016</small></p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: Joe Snyder</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-664-2074</p>					
<p>Study Area Code of Reporting Carrier</p>	351129		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: CLARENCE TEL CO					
Signature of Authorized Officer or employee: Mark Harvey				Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=ctcmanager@netins.net,O=clarence tel co,l=Dysart IA 52224-0280, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer or employee: Mark Harvey					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 319-476-7800					
Study Area Code of Reporting Carrier	351130		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: CLEAR LAKE INDEPEND					
Signature of Authorized Officer or employee: Thomas Lovell				<small>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=clear lake independ,l=Clear Lake IA 50428-0066, Date:5/20/2016</small> Date: 5/20/2016	
Printed name of Authorized Officer or employee: Thomas Lovell					
Title or position of Authorized Officer or employee: General Manager/Vice President					
Telephone number of Authorized Officer or employee: 641-357-2111					
Study Area Code of Reporting Carrier	351132		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: C-M-L TEL COOP ASSN					
Signature of Authorized Officer or employee: Bruce Johnson				Digitally signed by Bruce Johnson DN:cn=Bruce Johnson,email=cmltelco@netins.net,O=c-m-l tel coop assn,l=Meriden IA 51037-0018, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Bruce Johnson					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 712-443-8222					
Study Area Code of Reporting Carrier	351133		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Colo Telephone Company	
Signature of authorized officer		<i>Larry W. Springer</i>		Date	5/23/2016
Printed name of authorized officer		Larry W. Springer			
Title or position of authorized officer		General Manager & CEO			
Telephone number of authorized officer:		(641) 377-2202			
Study Area Code of Reporting Carrier		351134	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: COON CREEK TEL CO					
Signature of Authorized Officer or employee: Debra Lucht				Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@cooncreektelephone.com,O=coon creek tel co,l=Blairstown IA 52209-0150, Date:5/23/2016	
				Date: 5/23/2016	
Printed name of Authorized Officer or employee: Debra Lucht					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 319-454-6234					
Study Area Code of Reporting Carrier	351136		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: COON VALLEY COOP TEL					
Signature of Authorized Officer or employee: Jim Nelson				Digitally signed by Jim Nelson DN:cn=Jim Nelson,email=jnelson@coonvalleytelco.com,O=coon valley coop tel,l=Menlo IA 50164, Date:5/23/2016	
				Date: 5/23/2016	
Printed name of Authorized Officer or employee: Jim Nelson					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 641-524-2111					
Study Area Code of Reporting Carrier	351137		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: COOPERATIVE TEL CO					
Signature of Authorized Officer or employee: Scott Schabacker				Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=cooptel@netins.net,O=cooperative tel co,l=Victor IA 52347, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Scott Schabacker					
Title or position of Authorized Officer or employee: Chief Operating Officer/General Manager					
Telephone number of Authorized Officer or employee: 319-647-3131					
Study Area Code of Reporting Carrier	351139		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: CORN BELT TEL CO					
Signature of Authorized Officer or employee: Lee Wuebker				Digitally signed by Lee Wuebker DN:cn=Lee Wuebker,email=cornbelt@netins.net,O=corn belt tel co,l=Wall Lake IA 51466, Date:5/24/2016	
				Date: 5/24/2016	
Printed name of Authorized Officer or employee: Lee Wuebker					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 712-664-2221					
Study Area Code of Reporting Carrier	351141		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					<i>Cumberland Telephone</i>					
Signature of authorized officer				<i>Ronald Benton</i>			Date		<i>5-16-16</i>	
Printed name of authorized officer					<i>Ronald Benton</i>					
Title or position of authorized officer					<i>President</i>					
Telephone number of authorized officer					<i>712) 774-2221 ext.</i>					
Study Area Code of Reporting Carrier			<i>3511416</i>		Filing Due Date for this form (mm/dd/yyyy)		<i>6/16/2016</i>			
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>										

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: DANVILLE MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Timothy FencI</p>				<p><small>Digitally signed by Timothy FencI DN:cn=Timothy FencI,email=tfencI@danvilletelco.net,O=danville mutual tel,l=Danville IA 52623, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Timothy FencI</p>					
<p>Title or position of Authorized Officer or employee: General Manager & CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-392-4251</p>					
Study Area Code of Reporting Carrier	351147		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: FARMERS (DEFIANCE)					
Signature of Authorized Officer or employee: Thomas Conry				Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (defiance),I=Harlan IA 51537-0311, Date:5/18/2016	
				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Thomas Conry					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 712-744-3131					
Study Area Code of Reporting Carrier	351149		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: DIXON ACQ LLC					
Signature of Authorized Officer or employee: Kent Dau				Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=dixon acq llc,l=Eldridge IA 52748, Date:5/25/2016	
Date: 5/25/2016					
Printed name of Authorized Officer or employee: Kent Dau					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 563-285-9611					
Study Area Code of Reporting Carrier	351150		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: DUMONT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Roger Kregel</p>				<p><small>Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@netins.net,O=dumont tel co,l=Dumont IA 50625-0349, Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Roger Kregel</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-857-3211</p>					
<p>Study Area Code of Reporting Carrier</p>	351152		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Dunkerton Telephone Cooperative				
Signature of authorized officer <i>Sue Bruns</i>			Date	5-17-16
Printed name of authorized officer Sue Bruns				
Title or position of authorized officer CEO				
Telephone number of authorized officer: (319) 822-4512 _{ext.}				
Study Area Code of Reporting Carrier	351153	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: EAST BUCHANAN COOP</p>					
<p>Signature of Authorized Officer or employee: Butch Rorabaugh</p>				<p><small>Digitally signed by Butch Rorabaugh DN:cn=Butch Rorabaugh,email=butch.rorabaugh@eastbuchanan.com,O=east buchanan coop,l=Winthrop IA 50682, Date:5/24/2016</small></p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Butch Rorabaugh</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-935-3011</p>					
<p>Study Area Code of Reporting Carrier</p>	351156		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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				Ellsworth Cooperative Telephone Association	
Signature of authorized officer			Date		5/24/16
Printed name of authorized officer			Dave Clark		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(515) 836-4431 ext.		
Study Area Code of Reporting Carrier		351157	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: MINBURN TELECOMM.</p>					
<p>Signature of Authorized Officer or employee: Debra Lucht</p>				<p><small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecomm.,l=Minburn IA 50167, Date:5/19/2016</small></p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: Debra Lucht</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 515-677-2264</p>					
<p>Study Area Code of Reporting Carrier</p>	351158		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 Minburn Telecommunications, Inc.			
Signature of authorized officer <i>Debra Lucht</i>		Date	6/30/16
Printed name of authorized officer Debra Lucht			
Title or position of authorized officer General Manager/Assistant Secretary			
Telephone number of authorized officer: (515) 438-2200			
Study Area Code of Reporting Carrier	351158	Filing Due Date for this form (mm/dd/yyyy)	July 2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 F&B Communications, Inc.			
Signature of authorized officer <i>Brenda Kay</i>		Date	05/24/2016
Printed name of authorized officer Brenda Kay			
Title or position of authorized officer Secretary/Treasurer			
Telephone number of authorized officer: (563) 374-1236			
Study Area Code of Reporting Carrier	351160	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: FARMERS COOP TEL CO					
Signature of Authorized Officer or employee: Mark Harvey				Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=mharvey@fctc.coop,O=farmers coop tel co,l=Dysart IA 52224-0280, Date:5/23/2016	
				Date: 5/23/2016	
Printed name of Authorized Officer or employee: Mark Harvey					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 319-476-7800					
Study Area Code of Reporting Carrier	351162		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS & MERCHANTS</p>					
<p>Signature of Authorized Officer or employee: Susie Stalder</p>				<p><small>Digitally signed by Susie Stalder DN:cn=Susie Stalder,email=ssstalder@farmtel.com,O=farmers & merchants,l=Wayland IA 52654-0247, Date:5/19/2016</small></p>	
<p>Date: 5/19/2016</p>					
<p>Printed name of Authorized Officer or employee: Susie Stalder</p>					
<p>Title or position of Authorized Officer or employee: Operations Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-256-2736</p>					
Study Area Code of Reporting Carrier	351166		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: FARMERS MUTUAL COOP					
Signature of Authorized Officer or employee: Thomas Conry				Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop,l=Harlan IA 51537-0311, Date:5/18/2016	
				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Thomas Conry					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 712-744-3131					
Study Area Code of Reporting Carrier	351168		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: FARMERS MUTUAL COOP					
Signature of Authorized Officer or employee: Tammy Wheeler				Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop,l=Moulton IA 52572, Date:5/24/2016	
				Date: 5/24/2016	
Printed name of Authorized Officer or employee: Tammy Wheeler					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 641-642-3249					
Study Area Code of Reporting Carrier	351169		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL JESUP</p>					
<p>Signature of Authorized Officer or employee: Tony Lang</p>				<p>Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual jesup, =Jesup IA 50648-0249, Date:5/26/2016</p>	
<p>Date: 5/26/2016</p>					
<p>Printed name of Authorized Officer or employee: Tony Lang</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-827-1151</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351171</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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 Farmers Mutual Telephone Company - Nora Springs			
Signature of authorized officer 		Date	5/23/2016
Printed name of authorized officer Joshua Hyeem			
Title or position of authorized officer Chief Operating Officer			
Telephone number of authorized officer: (641) 210-8445 <small>ext.</small>			
Study Area Code of Reporting Carrier	351172	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL COOP</p>					
<p>Signature of Authorized Officer or employee: Curtis Eldred</p>				<p><small>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@fmtcs.com,O=farmers mutual coop,l=Shellsburg IA 52332, Date:5/19/2016</small></p> <p>Date: 5/19/2016</p>	
<p>Printed name of Authorized Officer or employee: Curtis Eldred</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-436-2224</p>					
<p>Study Area Code of Reporting Carrier</p>	351173		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Kevin Cabbage</p>				<p><small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=farmers mutual tel,l=Stanton IA 51573-0220, Date:5/17/2016</small></p> <p>Date: 5/17/2016</p>	
<p>Printed name of Authorized Officer or employee: Kevin Cabbage</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 712-829-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	351174		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: FARMERS TEL CO - BAT</p>					
<p>Signature of Authorized Officer or employee: Joe Snyder</p>				<p><small>Digitally signed by Joe Snyder DN:cn=Joe Snyder,email=jsnyder@cmtel.com,O=farmers tel co - bat,l=Bloomfield IA 52537, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Joe Snyder</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-664-2074</p>					
<p>Study Area Code of Reporting Carrier</p>	351175		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: FARMERS TEL CO-ESSEX					
Signature of Authorized Officer or employee: Tim Hill				Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel co-essex, Essex IA 51638, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Tim Hill					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 712-379-3001					
Study Area Code of Reporting Carrier	351176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Farmers Telephone Company - Riceville	
Signature of authorized officer			Date		5/23/2016
Printed name of authorized officer Joshua Hyeem					
Title or position of authorized officer Chief Operating Officer					
Telephone number of authorized officer: (641) 210-8445 ext.					
Study Area Code of Reporting Carrier		351177	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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).

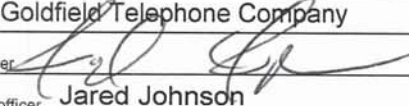
Name of Reporting Carrier		Fenton Coop Tel. Co.	
Signature of authorized officer	Steven Longhenry	Date	5-20-16
Printed name of authorized officer		Steven Longhenry	
Title or position of authorized officer		GM	
Telephone number of authorized officer: (515) 889 2765 ext.			
Study Area Code of Reporting Carrier	351179	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016

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

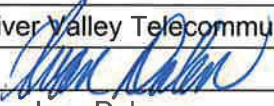
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PARTNER COMM. COOP.</p>					
<p>Signature of Authorized Officer or employee: Arthur Cooper</p>				<p><small>Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=coop@pcctel.net,O=partner comm. coop.,l= , Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Arthur Cooper</p>					
<p>Title or position of Authorized Officer or employee: Board President</p>					
<p>Telephone number of Authorized Officer or employee: 641-498-7701</p>					
Study Area Code of Reporting Carrier	351187		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier Goldfield Telephone Company			
Signature of authorized officer 		Date	05/23/2016
Printed name of authorized officer Jared Johnson			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: () - , ext. (515) 825-3766			
Study Area Code of Reporting Carrier	351188	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 River Valley Telecommunications Coop			
Signature of authorized officer 		Date	5/26/16
Printed name of authorized officer Ivan Dalen			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (712) 859-3300 ext.			
Study Area Code of Reporting Carrier	351189	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: GRAND MOUND COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Marcus Behnken</p>				<p><small>Digitally signed by Marcus Behnken DN:cn=Marcus Behnken,email=mbehnken@gmcta.coop,O=grand mound coop tel,l=Grand Mound IA 52751, Date:5/24/2016</small></p> <p>Date: 5/24/2016</p>	
<p>Printed name of Authorized Officer or employee: Marcus Behnken</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 563-847-3000</p>					
Study Area Code of Reporting Carrier	351191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: GRISWOLD CO-OP TEL					
Signature of Authorized Officer or employee: Amy McLaren				Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym_gctc@netins.net,O=griswold co-op tel,l=Griswold IA 51535-0640, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer or employee: Amy McLaren					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 712-778-2121					
Study Area Code of Reporting Carrier	351195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: HAWKEYE TEL CO					
Signature of Authorized Officer or employee: Charles Gray				Digitally signed by Charles Gray DN:cn=Charles Gray,email=cmgray@netins.net,O=hawkeye tel co,l=Hawkeye IA 52147, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Charles Gray					
Title or position of Authorized Officer or employee: Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 563-427-3331					
Study Area Code of Reporting Carrier	351199		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Hospers Telephone Exchange, Inc.

Signature of authorized officer

David L. Raak

Date

5-17-2016

Printed name of authorized officer

David L. Raak

Title or position of authorized officer

President

Telephone number of authorized officer:

(712) 752-8100

Study Area Code of Reporting Carrier

351202

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

6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: HUBBARD COOP ASSN					
Signature of Authorized Officer or employee: David Lowe				Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop assn,l=Hubbard IA 50122-0428, Date:5/23/2016	
				Date: 5/23/2016	
Printed name of Authorized Officer or employee: David Lowe					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 641-864-2216					
Study Area Code of Reporting Carrier	351203		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: HUXLEY COMM. COOP.					
Signature of Authorized Officer or employee: Gary Clark				Digitally signed by Gary Clark DN:cn=Gary Clark,email=garyc@huxleycommunications.net,O=huxley comm. coop.,l=Huxley IA 50124-0036, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Gary Clark					
Title or position of Authorized Officer or employee: General Manager and Executive VP					
Telephone number of Authorized Officer or employee: 515-597-2281					
Study Area Code of Reporting Carrier	351205		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: IAMO TEL CO - IA					
Signature of Authorized Officer or employee: Jack Jones				Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel co - ia,I=Coin IA 51636, Date:5/25/2016	
				Date: 5/25/2016	
Printed name of Authorized Officer or employee: Jack Jones					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 712-583-3232					
Study Area Code of Reporting Carrier	351206		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

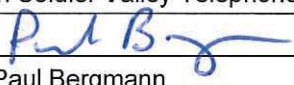
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, 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: INTERSTATE 35 TEL CO					
Signature of Authorized Officer or employee: Mike Weis				Digitally signed by Mike Weis DN:cn=Mike Weis,email=mikew@interstatecom.com,O=interstate 35 tel co,l=Truro IA 50257-0229, Date:5/24/2016	
				Date: 5/24/2016	
Printed name of Authorized Officer or employee: Mike Weis					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 641-765-4201					
Study Area Code of Reporting Carrier	351209		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Jordan Soldier Valley Telephone Company	
Signature of authorized officer				Date	05/24/2016
Printed name of authorized officer		Paul Bergmann			
Title or position of authorized officer		CFO			
Telephone number of authorized officer: (712) 271-5535, ext.					
Study Area Code of Reporting Carrier		351213	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: KALONA COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Casey Peck</p>				<p><small>Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey@kctc.net,O=kalona coop tel co,l=Kalona IA 52247-1208, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Casey Peck</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 319-656-3668</p>					
Study Area Code of Reporting Carrier	351214		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: KEYSTONE FRMS COOP					
Signature of Authorized Officer or employee: Byran Kimm				<small>Digitally signed by Byran Kimm DN:cn=Byran Kimm,email=keystone@netins.net,O=keystone frms coop,l=Keystone IA 52249-0277, Date:5/23/2016</small> Date: 5/23/2016	
Printed name of Authorized Officer or employee: Byran Kimm					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 319-442-3241					
Study Area Code of Reporting Carrier	351217		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: LA PORTE CITY TEL CO					
Signature of Authorized Officer or employee: Chris Hopp				Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel co,l=Elkader IA 52043, Date:5/18/2016	
				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Chris Hopp					
Title or position of Authorized Officer or employee: Executive Secretary					
Telephone number of Authorized Officer or employee: 563-245-4480					
Study Area Code of Reporting Carrier	351220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: LA MOTTE TEL CO					
Signature of Authorized Officer or employee: JoAnne Gregorich				Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=la motte tel co,l=LaMotte IA 52054, Date:5/18/2016	
				Date: 5/18/2016	
Printed name of Authorized Officer or employee: JoAnne Gregorich					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 563-773-2213					
Study Area Code of Reporting Carrier	351222		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

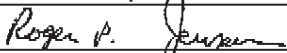


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, 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: LEHIGH VALLEY COOP					
Signature of Authorized Officer or employee: Jim Suchan				Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop,l=Lehigh IA 50557-0137, Date:5/17/2016	
				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Jim Suchan					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 515-359-2211					
Study Area Code of Reporting Carrier	351225		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Lone Rock Coop. Tel. Co.	
Signature of authorized officer				Date	5-24-2016
Printed name of authorized officer		Roger P. Jensen			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(515) 925-3659			
Study Area Code of Reporting Carrier	351228		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: LOST NATION-ELWOOD					
Signature of Authorized Officer or employee: Jan Muhl				<small>Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood,l= , Date:5/19/2016</small> Date: 5/19/2016	
Printed name of Authorized Officer or employee: Jan Muhl					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 563-678-2470					
Study Area Code of Reporting Carrier	351229		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: NORTHEAST IOWA TEL					
Signature of Authorized Officer or employee: David Byers				Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=northeast iowa tel,l=Monona IA 52159-0835, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer or employee: David Byers					
Title or position of Authorized Officer or employee: General Manager/Assistant Secretary					
Telephone number of Authorized Officer or employee: 563-539-2122					
Study Area Code of Reporting Carrier	351230		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: LYNNVILLE TEL. CO.					
Signature of Authorized Officer or employee: Gary Neill				Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=lynnville tel. co.,l= , Date:5/17/2016	
				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Gary Neill					
Title or position of Authorized Officer or employee: Consultant					
Telephone number of Authorized Officer or employee: 402-477-1354					
Study Area Code of Reporting Carrier	351232		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: FARMERS (MANILLA)					
Signature of Authorized Officer or employee: Thomas Conry				Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers (manilla),l=Harlan IA 51537-0311, Date:5/18/2016	
				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Thomas Conry					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 712-744-3131					
Study Area Code of Reporting Carrier	351235		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: MARNE & ELK HORN TEL					
Signature of Authorized Officer or employee: Janell Hansen				<small>Digitally signed by Janell Hansen DN:cn=Janell Hansen,email=janell@metc.net,O=marne & elk horn tel,l=Elk Horn IA 51531, Date:5/16/2016</small> Date: 5/16/2016	
Printed name of Authorized Officer or employee: Janell Hansen					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 712-764-6161					
Study Area Code of Reporting Carrier	351237		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					Martelle Cooperative Telephone Association	
Signature of authorized officer					Date	5/26/2016
Printed name of authorized officer			Hans Arwine			
Title or position of authorized officer			Compliance Officer			
Telephone number of authorized officer:			(319) 482-2381			
Study Area Code of Reporting Carrier		351238	Filing Due Date for this form (mm/dd/yyyy)		6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

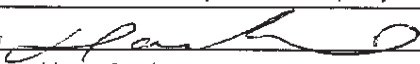
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MASSENA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kathleen Foster</p>				<p>Digitally signed by Kathleen Foster DN:cn=Kathleen Foster,email=kfoster@netins.net,O=massena tel co,l=Massena IA 50853, Date:5/16/2016</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Kathleen Foster</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 712-779-2227</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351239</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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				Mechanicsville Telephone Company	
Signature of authorized officer				Date	5/26/2016
Printed name of authorized officer		Hans Arwine			
Title or position of authorized officer		Compliance Officer			
Telephone number of authorized officer:		(563) 432-7221			
Study Area Code of Reporting Carrier		351241	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Miles Cooperative Telephone Association	
Signature of authorized officer				Date	05/24/2016
Printed name of authorized officer		Debra Chrest			
Title or position of authorized officer		Secretary			
Telephone number of authorized officer:		(563) 682-7111 ext.			
Study Area Code of Reporting Carrier	351242	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: MINBURN TEL CO					
Signature of Authorized Officer or employee: Debra Lucht				Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn tel co,l=Minburn IA 50167, Date:5/19/2016	
				Date: 5/19/2016	
Printed name of Authorized Officer or employee: Debra Lucht					
Title or position of Authorized Officer or employee: General Manager/Assistant Secretary					
Telephone number of Authorized Officer or employee: 515-677-2264					
Study Area Code of Reporting Carrier	351245		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Minburn Telephone Company				
Signature of authorized officer <i>Debra Lucht</i>			Date	6/30/16
Printed name of authorized officer Debra Lucht				
Title or position of authorized officer General Manager/Assistant Secretary				
Telephone number of authorized officer: (515) 677-2264				
Study Area Code of Reporting Carrier		351245	Filing Due Date for this form (mm/dd/yyyy)	July 2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: MINERVA VALLEY TEL					
Signature of Authorized Officer or employee: Levi Bappe				Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=mvitv@netins.net,O=minerva valley tel,l=Zearing IA 50278-0176, Date:5/24/2016	
Date: 5/24/2016					
Printed name of Authorized Officer or employee: Levi Bappe					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 641-487-7399					
Study Area Code of Reporting Carrier	351246		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: MODERN COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Jeffrey Brower</p>				<p><small>Digitally signed by Jeffrey Brower DN:cn=Jeffrey Brower,email=jbrower@netins.net,O=modern coop tel co,l=South English IA 52335, Date:5/24/2016</small></p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Jeffrey Brower</p>					
<p>Title or position of Authorized Officer or employee: General Manager/COO</p>					
<p>Telephone number of Authorized Officer or employee: 319-667-2375</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351247</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Randy Foor</p>				<p><small>Digitally signed by Randy Foor DN: cn=Randy Foor, email=rdf@mutel.com, O=mutual tel co, l=Morning Sun IA 52640, Date: 5/16/2016</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Randy Foor</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 319-868-7636</p>					
Study Area Code of Reporting Carrier	351250		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: MEDIAPOLIS TEL CO</p>					
<p>Signature of Authorized Officer or employee: William Malcom</p>				<p><small>Digitally signed by William Malcom DN:cn=William Malcom,email=bmalcom@mepotelco.net,O=mediapolis tel co,l=Mediapolis IA 52637, Date:5/18/2016</small></p> <p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: William Malcom</p>					
<p>Title or position of Authorized Officer or employee: General Manager & CEO</p>					
<p>Telephone number of Authorized Officer or employee: 319-394-3456</p>					
<p>Study Area Code of Reporting Carrier</p>	351251		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: MUTUAL TEL CO					
Signature of Authorized Officer or employee: Doug Boone				Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=mutual tel co,l=Sioux Center IA 51250, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer or employee: Doug Boone					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 712-722-3451					
Study Area Code of Reporting Carrier	351252		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: NORTH ENGLISH COOP					
Signature of Authorized Officer or employee: Reed Ostenberg				Digitally signed by Reed Ostenberg DN:cn=Reed Ostenberg,email=nenglish@netins.net,O=north english coop,l=North English IA 52316, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer or employee: Reed Ostenberg					
Title or position of Authorized Officer or employee: COO					
Telephone number of Authorized Officer or employee: 319-664-3821					
Study Area Code of Reporting Carrier	351257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTHERN IOWA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Doug Boone</p>				<p>Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=northern iowa tel co,l=Sioux Center IA 51250, Date:5/23/2016</p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: Doug Boone</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 712-722-3451</p>					
Study Area Code of Reporting Carrier	351259		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

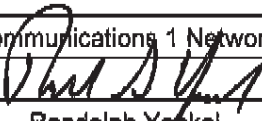
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: NORTHWEST IOWA TEL</p>					
<p>Signature of Authorized Officer or employee: Paul Bergmann</p>				<p>Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=paul.bergmann@longlines.biz,O=northwest iowa tel,l=Sergeant Bluff IA 51054, Date:5/24/2016</p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Paul Bergmann</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 712-271-5535</p>					
Study Area Code of Reporting Carrier	351260		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: NORTHWEST TEL COOP					
Signature of Authorized Officer or employee: Donald Miller				Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest tel coop,l=Havelock IA 50546, Date:5/20/2016	
Date: 5/20/2016					
Printed name of Authorized Officer or employee: Donald Miller					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 712-776-2222					
Study Area Code of Reporting Carrier	351261		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 §1.917(d)(vii).			
Name of Reporting Carrier Communications 1 Network, Inc			
Signature of authorized officer 		Date	05/23/2016
Printed name of authorized officer Randolph Yeakel			
Title or position of authorized officer President/CEO			
Telephone number of authorized officer: (641) 762-3772 ext.			
Study Area Code of Reporting Carrier	351262	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: OGDEN TEL CO - IA					
Signature of Authorized Officer or employee: Gary Clark				Digitally signed by Gary Clark DN:cn=Gary Clark,email=ogdentelgary@netins.net,O=ogden tel co - ia,I=Ogden IA 50212, Date:5/23/2016	
				Date: 5/23/2016	
Printed name of Authorized Officer or employee: Gary Clark					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 515-275-2050					
Study Area Code of Reporting Carrier	351263		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: OLIN TEL CO, INC					
Signature of Authorized Officer or employee: Rodney Cozart				Digitally signed by Rodney Cozart DN:cn=Rodney Cozart,email=olintel@netins.net,O=olin tel co, inc,l=Olin IA 52320-0130, Date:5/17/2016	
				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Rodney Cozart					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 319-484-2200					
Study Area Code of Reporting Carrier	351264		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 **Onslow Cooperative Telephone Association**

Signature of authorized officer



Date

05/17/2016

Printed name of authorized officer

Russ A. Benke

Title or position of authorized officer

General Manager

Telephone number of authorized officer: (563) 485-2833

Study Area Code of Reporting Carrier

351265

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

6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: ORAN MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer or employee: Barb Gruetzmacher</p>				<p><small>Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel co, Date:5/16/2016</small></p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Barb Gruetzmacher</p>					
<p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 319-638-6006</p>					
Study Area Code of Reporting Carrier	351266		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: PALO COOP TEL ASSN</p>					
<p>Signature of Authorized Officer or employee: Mark Harvey</p>				<p><small>Digitally signed by Mark Harvey DN:cn=Mark Harvey,email=ctcmanager@netins.net,O=palo coop tel assn,l=Dysart IA 52224-0280, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Mark Harvey</p>					
<p>Title or position of Authorized Officer or employee: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-476-7800</p>					
<p>Study Area Code of Reporting Carrier</p>	351269		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: PALMER MUTUAL TEL CO					
Signature of Authorized Officer or employee: Andy Peterson				Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co,IA=Palmer IA 50571, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Andy Peterson					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 712-359-2411					
Study Area Code of Reporting Carrier	351270		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: PANORA COMM COOP					
Signature of Authorized Officer or employee: Andrew Randol				Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panoratelco.com,O=panora comm coop,l=Panora IA 50216, Date:5/17/2016	
				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Andrew Randol					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 641-755-2424					
Study Area Code of Reporting Carrier	351271		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: PEOPLES TEL CO - IA					
Signature of Authorized Officer or employee: Curt Kawlewski				Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel co - ia, Date:5/19/2016	
				Date: 5/19/2016	
Printed name of Authorized Officer or employee: Curt Kawlewski					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 507-233-4172					
Study Area Code of Reporting Carrier	351273		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: PRAIRIEBURG TEL CO					
Signature of Authorized Officer or employee: LaRae Reichenauer				Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel co,l= , Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: LaRae Reichenauer					
Title or position of Authorized Officer or employee: Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 319-437-3611					
Study Area Code of Reporting Carrier	351275		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: PRESTON TEL CO					
Signature of Authorized Officer or employee: Roger Kilburg				Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestonel.com,O=preston tel co,l=Preston IA 52069-0167, Date:5/18/2016	
Date: 5/18/2016					
Printed name of Authorized Officer or employee: Roger Kilburg					
Title or position of Authorized Officer or employee: Manager/Secretary-Treasurer					
Telephone number of Authorized Officer or employee: 563-689-3811					
Study Area Code of Reporting Carrier	351276		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: RADCLIFFE TEL CO					
Signature of Authorized Officer or employee: Edwin Drake				Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@netins.net,O=radcliffe tel co,l=Radcliffe IA 50230-0140, Date:5/17/2016	
Date: 5/17/2016					
Printed name of Authorized Officer or employee: Edwin Drake					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 515-899-2341					
Study Area Code of Reporting Carrier	351277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: RINGSTED TEL CO					
Signature of Authorized Officer or employee: Aaron McCartan				Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringstelco.com,O=ringsted tel co,l=Ringsted IA 50578, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer or employee: Aaron McCartan					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 712-866-8000					
Study Area Code of Reporting Carrier	351280		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: ROCKWELL COOP ASSN					
Signature of Authorized Officer or employee: David Severin				<small>Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop assn,l=Rockwell IA 50469, Date:5/24/2016</small> Date: 5/24/2016	
Printed name of Authorized Officer or employee: David Severin					
Title or position of Authorized Officer or employee: General Mgr/Assist Secretary-Treasurer					
Telephone number of Authorized Officer or employee: 641-822-3212					
Study Area Code of Reporting Carrier	351282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: ROYAL TEL CO					
Signature of Authorized Officer or employee: John Noah				Digitally signed by John Noah DN:cn=John Noah,email=jnoah@royaltelco.com,O=royal tel co,l=Royal IA 51357, Date:5/23/2016	
				Date: 5/23/2016	
Printed name of Authorized Officer or employee: John Noah					
Title or position of Authorized Officer or employee: General Manager/CCO					
Telephone number of Authorized Officer or employee: 712-933-2615					
Study Area Code of Reporting Carrier	351283		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 River Valley Telecommunications Coop-Ruthven				
Signature of authorized officer 			Date	5/26/16
Printed name of authorized officer Ivan Dalen				
Title or position of authorized officer General Manager				
Telephone number of authorized officer: (712) 859-3300				
Study Area Code of Reporting Carrier		351284	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: SAC COUNTY MUTUAL					
Signature of Authorized Officer or employee: Ronald Sorensen				Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc_manager@netins.net,O=sac county mutual, O=Odebolt IA 51458, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer or employee: Ronald Sorensen					
Title or position of Authorized Officer or employee: Compliance Officer					
Telephone number of Authorized Officer or employee: 712-668-2200					
Study Area Code of Reporting Carrier	351285		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: SCHALLER TEL CO</p>					
<p>Signature of Authorized Officer or employee: Missy Kestel</p>				<p><small>Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel co,l=Schaller IA 51053, Date:5/24/2016</small></p>	
<p>Date: 5/24/2016</p>					
<p>Printed name of Authorized Officer or employee: Missy Kestel</p>					
<p>Title or position of Authorized Officer or employee: Accounting General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 712-275-4211</p>					
<p>Study Area Code of Reporting Carrier</p>	351291		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: SEARSBORO TEL CO</p>					
<p>Signature of Authorized Officer or employee: Gary Neill</p>				<p><small>Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=searsboro tel co, Inc., Date: 5/23/2016</small></p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: Gary Neill</p>					
<p>Title or position of Authorized Officer or employee: Consultant</p>					
<p>Telephone number of Authorized Officer or employee: 402-477-1354</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351292</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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, 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: SHARON TEL CO					
Signature of Authorized Officer or employee: Robert Schneider, Jr.				Digitally signed by Robert Schneider, Jr. DN:cn=Robert Schneider, Jr., email=sharontc@sharontc.net,O=sharon tel co,l=Hills IA 52235, Date:5/26/2016	
Date: 5/26/2016					
Printed name of Authorized Officer or employee: Robert Schneider, Jr.					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 319-679-2211					
Study Area Code of Reporting Carrier	351293		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: SCRANTON TEL CO					
Signature of Authorized Officer or employee: Allen Jacob				Digitally signed by Allen Jacob DN:cn=Allen Jacob,email=allenjacob@netins.net,O=scranton tel co,l=Scranton IA 51462, Date:5/19/2016	
Date: 5/19/2016					
Printed name of Authorized Officer or employee: Allen Jacob					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 712-652-3355					
Study Area Code of Reporting Carrier	351294		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: SHELL ROCK COMM					
Signature of Authorized Officer or employee: Richard McBurney				Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=shell rock comm,l=Plainfield IA 50666-0099, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer or employee: Richard McBurney					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 319-276-4458					
Study Area Code of Reporting Carrier	351295		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: HEART OF IOWA COMM.					
Signature of Authorized Officer or employee: Bryan Amundson				<small>Digitally signed by Bryan Amundson DN:cn=Bryan Amundson,email=bamundson@heartofiowa.coop,O=heart of iowa comm.,l=Union IA 50258-0130, Date:5/24/2016</small> Date: 5/24/2016	
Printed name of Authorized Officer or employee: Bryan Amundson					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 641-486-2211					
Study Area Code of Reporting Carrier	351297		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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 SLOPE COOP TEL					
Signature of Authorized Officer or employee: Justyn Miller				Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=south slope coop tel,l=North Liberty IA 52317, Date:5/18/2016	
				Date: 5/18/2016	
Printed name of Authorized Officer or employee: Justyn Miller					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 319-626-2211					
Study Area Code of Reporting Carrier	351298		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: SOUTHWEST TEL EXCH					
Signature of Authorized Officer or employee: Mike Weis				Digitally signed by Mike Weis DN:cn=Mike Weis,email=mikew@interstatecom.com,O=southwest tel exch,l=Truro IA 50257-0229, Date:5/24/2016	
Date: 5/24/2016					
Printed name of Authorized Officer or employee: Mike Weis					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 641-765-4201					
Study Area Code of Reporting Carrier	351301		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: SPRINGVILLE COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Jean Schilling</p>				<p>Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvt@netins.net,O=springville coop tel,l=Springville IA 52336-0009, Date:5/18/2016</p>	
				<p>Date: 5/18/2016</p>	
<p>Printed name of Authorized Officer or employee: Jean Schilling</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 319-854-6107</p>					
Study Area Code of Reporting Carrier	351302		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier Cooperative Telephone Exchange			
Signature of authorized officer <i>Marvin Ness</i>		Date 5/17/2016	
Printed name of authorized officer Marvin Ness			
Title or position of authorized officer President, Board of Directors			
Telephone number of authorized officer: (515) 826-3206			
Study Area Code of Reporting Carrier 351303		Filing Due Date for this form (mm/dd/yyyy) 6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: SO. SLOPE-SWISHER					
Signature of Authorized Officer or employee: Justyn Miller				Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=so.slope-swisher,l=North Liberty IA 52317, Date:5/18/2016	
Date: 5/18/2016					
Printed name of Authorized Officer or employee: Justyn Miller					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 319-626-2211					
Study Area Code of Reporting Carrier	351304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: STRATFORD MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Jen Frank</p>				<p>Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel,=Stratford IA 50249, Date:5/16/2016</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Jen Frank</p>					
<p>Title or position of Authorized Officer or employee: Assistant Secretary/Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 515-838-2390</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>351305</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2016</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY 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				Sully Telephone Association, Inc.	
Signature of authorized officer			Date		05/16/2016
Printed name of authorized officer			Earl "Jack" DeAngelo		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			644-594-2905 ext.		
Study Area Code of Reporting Carrier		351306	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: SUPERIOR TEL COOP					
Signature of Authorized Officer or employee: Cheryl Noble				Digitally signed by Cheryl Noble DN:cn=Cheryl Noble,email=cnoble@netins.net,O=superior tel coop,l=Superior IA 51363, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer or employee: Cheryl Noble					
Title or position of Authorized Officer or employee: Office Manager					
Telephone number of Authorized Officer or employee: 712-858-4591					
Study Area Code of Reporting Carrier	351307		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Templeton Telephone Company	
Signature of authorized officer			Date		05/20/2016
Printed name of authorized officer			Patricia Snyder		
Title or position of authorized officer			General Manager Secretary/Treasurer		
Telephone number of authorized officer:			(712) 669-3311 ext.		
Study Area Code of Reporting Carrier		351308	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: TERRIL TEL. COOP.					
Signature of Authorized Officer or employee: John Noah				Digitally signed by John Noah DN:cn=John Noah,email=jnoah@terril.com,O=terril tel. coop.,l=Terril IA 51364, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer or employee: John Noah					
Title or position of Authorized Officer or employee: General Manager/CCO					
Telephone number of Authorized Officer or employee: 712-853-1300					
Study Area Code of Reporting Carrier	351309		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

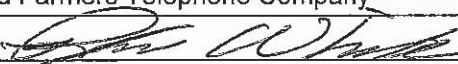
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: TITONKA-BURT</p>					
<p>Signature of Authorized Officer or employee: Vicky Nelson</p>				<p><small>Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt,lc=Titonka IA 50480-0321, Date:5/16/2016</small></p> <p>Date: 5/16/2016</p>	
<p>Printed name of Authorized Officer or employee: Vicky Nelson</p>					
<p>Title or position of Authorized Officer or employee: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 515-928-2110</p>					
Study Area Code of Reporting Carrier	351310		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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 United Farmers Telephone Company			
Signature of authorized officer 		Date	03/18/2016
Printed name of authorized officer Roxanne White			
Title or position of authorized officer Executive Vice President			
Telephone number of authorized officer: (712) 834-0220			
Study Area Code of Reporting Carrier	351316	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: VAN BUREN TEL CO					
Signature of Authorized Officer or employee: Kevin Hranicka				Digitally signed by Kevin Hranicka DN:cn=Kevin Hranicka,email=hranicka@netins.net,O=van buren tel co,l=Keosauqua IA 52565-0430, Date:5/16/2016	
				Date: 5/16/2016	
Printed name of Authorized Officer or employee: Kevin Hranicka					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 319-293-3187					
Study Area Code of Reporting Carrier	351319		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: VAN HORNE COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Kerry Less</p>				<p><small>Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop tel,I=Van Horne IA 52346-0096, Date:5/23/2016</small></p> <p>Date: 5/23/2016</p>	
<p>Printed name of Authorized Officer or employee: Kerry Less</p>					
<p>Title or position of Authorized Officer or employee: CFO - Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 319-228-8791</p>					
Study Area Code of Reporting Carrier	351320		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: VENTURA TEL CO, INC					
Signature of Authorized Officer or employee: Thomas Lovell				Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel co, inc,l=Clear Lake IA 50428-0066, Date:5/20/2016	
				Date: 5/20/2016	
Printed name of Authorized Officer or employee: Thomas Lovell					
Title or position of Authorized Officer or employee: General Manager/Vice President					
Telephone number of Authorized Officer or employee: 641-357-2111					
Study Area Code of Reporting Carrier	351322		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

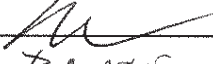
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, 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: VILLISCA FARMERS TEL					
Signature of Authorized Officer or employee: Kevin Cabbage				<small>Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=villisca farmers tel,l=Stanton IA 51573-0220, Date:5/17/2016</small> Date: 5/17/2016	
Printed name of Authorized Officer or employee: Kevin Cabbage					
Title or position of Authorized Officer or employee: General Manager/CEO					
Telephone number of Authorized Officer or employee: 712-829-2111					
Study Area Code of Reporting Carrier	351324		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				WALNUT TELEPHONE COMPANY INC.	
Signature of authorized officer			Date		
			16 MAY 2016		
Printed name of authorized officer					
BRUCE HESTON					
Title or position of authorized officer					
GENERAL MANAGER					
Telephone number of authorized officer					
712 794-2211					
Study Area Code of Reporting Carrier		351326		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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					
<p>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).</p>					
<p>Name of Reporting Carrier: WEBB-DICKENS TEL</p>					
<p>Signature of Authorized Officer or employee: Doug Boone</p>				<p><small>Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=webb-dickens tel,l=Sioux Center IA 51250, Date:5/23/2016</small></p>	
<p>Date: 5/23/2016</p>					
<p>Printed name of Authorized Officer or employee: Doug Boone</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 712-722-3451</p>					
<p>Study Area Code of Reporting Carrier</p>	351327		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WEBSTER-CALHOUN COOP</p>					
<p>Signature of Authorized Officer or employee: Daryl Carlson</p>				<p><small>Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=darylc@wccta.com,O=webster-calhoun coop,l=Gowrie IA 50543, Date:5/25/2016</small></p> <p>Date: 5/25/2016</p>	
<p>Printed name of Authorized Officer or employee: Daryl Carlson</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 515-352-3151</p>					
<p>Study Area Code of Reporting Carrier</p>	351328		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: WELLMAN COOP TEL</p>					
<p>Signature of Authorized Officer or employee: Jayne Hochstedler</p>				<p>Digitally signed by Jayne Hochstedler DN:cn=Jayne Hochstedler,email=wellman@netins.net,O=wellman coop tel,l=Wellman IA 52356-0170, Date:5/16/2016</p>	
<p>Date: 5/16/2016</p>					
<p>Printed name of Authorized Officer or employee: Jayne Hochstedler</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 319-646-6075</p>					
<p>Study Area Code of Reporting Carrier</p>	351329		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/16/2016	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier 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: WEST IOWA TEL CO					
Signature of Authorized Officer or employee: Robert Gannon				Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel co,l=Remsen IA 51050-0330, Date:5/20/2016	
Date: 5/20/2016					
Printed name of Authorized Officer or employee: Robert Gannon					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 712-786-5572					
Study Area Code of Reporting Carrier	351331		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: WEST LIBERTY TEL CO					
Signature of Authorized Officer or employee: Craig Bieber				Digitally signed by Craig Bieber DN:cn=Craig Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,lc=, Date:5/23/2016	
				Date: 5/23/2016	
Printed name of Authorized Officer or employee: Craig Bieber					
Title or position of Authorized Officer or employee: Controller/Treasurer					
Telephone number of Authorized Officer or employee: 319-627-2145					
Study Area Code of Reporting Carrier	351332		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Western Iowa Telephone Association			
Signature of authorized officer <i>Russell Walker</i>		Date	5/16/2016
Printed name of authorized officer Russell Walker			
Title or position of authorized officer Board President			
Telephone number of authorized officer: (712) 944-5711 ext.			
Study Area Code of Reporting Carrier	351334	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: WESTSIDE INDEPENDENT					
Signature of Authorized Officer or employee: Jane Morlok				Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=westside independent,l=Breda IA 51436-0190, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer or employee: Jane Morlok					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 712-673-8101					
Study Area Code of Reporting Carrier	351335		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: WILTON TEL CO					
Signature of Authorized Officer or employee: Stacie Harris				<small>Digitally signed by Stacie Harris DN:cn=Stacie Harris,email=stacie@wtccommunications.com,O=wilton tel co,l=Wilton IA 52778-0970, Date:5/17/2016</small> Date: 5/17/2016	
Printed name of Authorized Officer or employee: Stacie Harris					
Title or position of Authorized Officer or employee: General Manager/CFO					
Telephone number of Authorized Officer or employee: 563-732-3000					
Study Area Code of Reporting Carrier	351336		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: WYOMING MUTUAL TEL					
Signature of Authorized Officer or employee: Debra Williams				Digitally signed by Debra Williams DN:cn=Debra Williams,email=wyoming@netins.net,O=wyoming mutual tel,l=Wyoming IA 52362, Date:5/19/2016	
Date: 5/19/2016					
Printed name of Authorized Officer or employee: Debra Williams					
Title or position of Authorized Officer or employee: Office Manager/Board Secretary					
Telephone number of Authorized Officer or employee: 563-488-2535					
Study Area Code of Reporting Carrier	351343		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: PRAIRIE TEL CO					
Signature of Authorized Officer or employee: Jane Morlok				Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=prairie tel co,l=Breda IA 51436-0190, Date:5/23/2016	
Date: 5/23/2016					
Printed name of Authorized Officer or employee: Jane Morlok					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 712-673-8101					
Study Area Code of Reporting Carrier	351344		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: ALLIANCE-HILLS IA					
Signature of Authorized Officer or employee: Kari Flanagan				Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills ia,I=Garretson SD 57030, Date:5/16/2016	
Date: 5/16/2016					
Printed name of Authorized Officer or employee: Kari Flanagan					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 605-594-8228					
Study Area Code of Reporting Carrier	351405		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: KILLDUFF TEL. CO.					
Signature of Authorized Officer or employee: Gary Neill				Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=killduff tel. co.,l= , Date:5/17/2016	
				Date: 5/17/2016	
Printed name of Authorized Officer or employee: Gary Neill					
Title or position of Authorized Officer or employee: Consultant					
Telephone number of Authorized Officer or employee: 402-477-1354					
Study Area Code of Reporting Carrier	351407		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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, 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: MABEL COOP TEL-IA					
Signature of Authorized Officer or employee: Julie Kolka				Date: 5/24/2016	
Printed name of Authorized Officer or employee: Julie Kolka					
Title or position of Authorized Officer or employee: Interim General Manager					
Telephone number of Authorized Officer or employee: 507-493-5411					
Study Area Code of Reporting Carrier	351424		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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				Grand River Mutual Telephone Corporation	
Signature of authorized officer		<i>Gregg Davis</i>		Date	5/17/16
Printed name of authorized officer		Gregg Davis			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(660) 748-3231			
Study Area Code of Reporting Carrier	351888	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					