

VOLUME 1

APPENDIX D Exhibit 2

CARRIER CERTIFICATIONS Carrier Eligibility for CAF/ICC Recovery

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: 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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier				Lincolnvile Networks, Inc.	
Signature of authorized officer		<i>Shirley P. Manning</i>		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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: OXFORD COUNTY TEL

Signature of Authorized Officer or employee: Dawna Hannan
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

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

100019

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier				Union River Telephone Company			
Signature of authorized officer			<i>William S. Silsby, Jr.</i>		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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

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

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Name of Reporting Carrier: **UNITEL, INC.**

Signature of Authorized Officer or employee: **Laurie Osgood**
Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@uninets.net,O=unitel, inc.,I=Unity ME 04988-0165, Date:5/23/2016

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.

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

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Name of Reporting Carrier: **MID-MAINE TELECOM**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,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

103315

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: X5 RTC LLC

Signature of Authorized Officer or employee: **John London**
Digitally signed by John London DN:cn=John London,email=jlondon@x5solutions.com,O=x5 rtc llc,l= , Date:5/26/2016

Date: 5/26/2016

Printed name of Authorized Officer or employee: John London

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

Telephone number of Authorized Officer or employee: 214-932-9293

Study Area Code of Reporting Carrier

110737

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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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

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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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

Signature of Authorized Officer or employee: **Ann Walsh**

Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co, , Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer or employee: **Ann Walsh**

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

Telephone number of Authorized Officer or employee: **781-402-1731**

Study Area Code of Reporting Carrier

120042

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **FRANKLIN TEL CO - VT**

Signature of Authorized Officer or employee: **Kimberly Gates Maynard**
Digitally signed by Kimberly Gates Maynard DN:cn=Kimberly Gates Maynard,email=ftc@franklinvt.net,O=franklin tel co - vt,l=Franklin VT 05457, Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer or employee: **Kimberly Gates Maynard**

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

Telephone number of Authorized Officer or employee: **802-285-9911**

Study Area Code of Reporting Carrier

140053

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **SHOREHAM TEL.**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=shoreham tel.,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

140064

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier		TOPSHAM TELEPHONE COMPANY, INC.	
Signature of authorized officer	Mark DePerno	Date	05/26/2016
Printed name of authorized officer		MARK DEPERNO	
Title or position of authorized officer		CONTROLLER	
Telephone number of authorized officer: (315) 224-5988 ext.			
Study Area Code of Reporting Carrier	140068	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **WAITSFIELD/FAYSTON**

Signature of Authorized Officer or employee: **Roger Nishi**

Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvt.com,O=waitsfield/fayston,l=Waitsfield VT 05673, Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer or employee: **Roger Nishi**

Title or position of Authorized Officer or employee: **Vice President - Industry Relations**

Telephone number of Authorized Officer or employee: **802-496-8336**

Study Area Code of Reporting Carrier

140069

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: VERMONT TEL. CO-VT

Signature of Authorized Officer or employee: **Fran Stocker**

Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt,l= , Date:5/27/2016

Date: 5/27/2016

Printed name of Authorized Officer or employee: Fran Stocker

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

Telephone number of Authorized Officer or employee: 802-885-7745

Study Area Code of Reporting Carrier

147332

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **ARMSTRONG TEL CO-NY**

Signature of Authorized Officer or employee: **Mark Rankin**

Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel co-ny,lc=ny, Date:5/20/2016

Date: **5/20/2016**

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

150071

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

6/16/2016

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Name of Reporting Carrier: **CASSADAGA TEL CORP**

Signature of Authorized Officer or employee: **Mark Maytum**

Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=cassadaga tel corp,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

150076

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

6/16/2016

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

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Name of Reporting Carrier: **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

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Name of Reporting Carrier				CHAZY 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			
<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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Name of Reporting Carrier				CITIZENS TELEPHONE COMPANY OF MARYLAND, INC.			
Signature of authorized officer		Mark De Perria		Date		05/26/2016	
Printed name of authorized officer				MARK DE PERRIA			
Title or position of authorized officer				CONTROLLER			
Telephone number of authorized officer: (301) 281-5411, ext.							
Study Area 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. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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,l=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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **DUNKIRK & FREDONIA**

Signature of Authorized Officer or employee: **Mark Maytum**

Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@df.tel.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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **EMPIRE TEL CORP**

Signature of Authorized Officer or employee: **Tom Prestigiacom**
Digitally signed by Tom Prestigiacom DN:cn=Tom Prestigiacom,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 Prestigiacom**

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Robert Wrighter, Jr**
Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjrh@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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: 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,I=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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Marjorie Becker**
Digitally signed by Marjorie Becker DN:cn=Marjorie Becker, email=info@midtel.net, O=middleburgh tel co, l=Middleburgh NY 12122-0191, Date:5/17/2016

Date: **5/17/2016**

Printed name of Authorized Officer or employee: **Marjorie Becker**

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

Telephone number of Authorized Officer or employee: **518-827-5211**

Study Area Code of Reporting Carrier

150105

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Joseph Tomaino**
Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel co,I=Newport NY 13416, Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer or employee: **Joseph Tomaino**

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

Telephone number of Authorized Officer or employee: **315-845-8112**

Study Area Code of Reporting Carrier

150107

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: NICHOLVILLE TEL CO

Signature of Authorized Officer or employee: Jeffrey McGrath
Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slc.com,O=nicholville tel co,l=Nicholville NY 12965, Date:5/20/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: ONEIDA COUNTY RURAL

Signature of Authorized Officer or employee: **Heather Kirkland**
Digitally signed by Heather Kirkland DN:cn=Heather Kirkland,email=hkirkland@ocrt.com,O=oneida county rural, Date:5/25/2016

Date: 5/25/2016

Printed name of Authorized Officer or employee: Heather Kirkland

Title or position of Authorized Officer or employee: Director of Finance & Accounting

Telephone number of Authorized Officer or employee: 315-865-5201

Study Area Code of Reporting Carrier

150111

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ONTARIO TEL CO, INC.**

Signature of Authorized Officer or employee: **Sean Socha**

Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=ontario tel co, inc.,l= , Date:5/17/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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,I=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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: STATE TEL CO

Signature of Authorized Officer or employee: **Mark Evans**
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

Date: 5/17/2016

Printed name of Authorized Officer or employee: Mark Evans

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 518-731-6128

Study Area Code of Reporting Carrier

150125

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TRUMANSBURG TEL CO.**

Signature of Authorized Officer or employee: **Sean Socha**

Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=trumansburg tel co.,l= , Date:5/17/2016

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

150131

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ALTEVA WARWICK**

Signature of Authorized Officer or employee: **Matthew Conroy**
Digitally signed by Matthew Conroy DN:cn=Matthew Conroy,email=mconroy@momentumtelecom.com,O=alteva warwick,l= , Date:5/25/2016

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	150135		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **ALTEVA WARWICK**

Signature of Authorized Officer or employee: **Matthew Conroy**
Digitally signed by Matthew Conroy DN:cn=Matthew Conroy,email=mconroy@momentumtelecom.com,O=alteva warwick,l= , Date:5/25/2016

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	
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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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **CITIZENS - KECKSBURG**

Signature of Authorized Officer or employee: **Dennis Cutrell**
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

Date: **5/17/2016**

Printed name of Authorized Officer or employee: **Dennis Cutrell**

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

Telephone number of Authorized Officer or employee: **724-424-4444**

Study Area Code of Reporting Carrier

170156

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier <u>Hickory Telephone Company</u>			
Signature of authorized officer <u>Terrri Jeffers</u>		Date <u>5/16/16</u>	
Printed name of authorized officer <u>Terrri Jeffers</u>			
Title or position of authorized officer <u>Marketing Director</u>			
Telephone number of authorized officer: <u>7243562011, 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. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ARMSTRONG TEL CO-PA**

Signature of Authorized Officer or employee: **Mark Rankin**

Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel co-pa,lc=, Date:5/27/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Tom Prestigiacom**
Digitally signed by Tom Prestigiacom DN:cn=Tom Prestigiacom,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/17/2016

Date: **5/17/2016**

Printed name of Authorized Officer or employee: **Tom Prestigiacom**

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

170192

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Mark Rankin**
Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel north,lc=, Date:5/27/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: PYMATUNING IND TEL

Signature of Authorized Officer or employee: **Amanda Molina**
Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=pymatuning ind tel,=, Date:5/20/2016

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

170200

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **VENUS TEL CORP**

Signature of Authorized Officer or employee: **Janice Kline**
Digitally signed by Janice Kline DN:cn=Janice Kline,email=jk@venustel.com,O=venus tel corp,I=Venus PA 16364, Date:5/16/2016

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	
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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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **ARMSTRONG TEL OF MD**

Signature of Authorized Officer or employee: **Mark Rankin**

Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel of md, Date:5/25/2016

Date: **5/25/2016**

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

180216

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
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 ext			
Study Area Code of Reporting Carrier	190219	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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **BURKE'S GARDEN TEL**

Signature of Authorized Officer or employee: **Missy Lynch**

Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel,=, Date:5/24/2016

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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Greg Sapp**
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

Date: **5/16/2016**

Printed name of Authorized Officer or employee: **Greg Sapp**

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

Telephone number of Authorized Officer or employee: **540-745-2111**

Study Area Code of Reporting Carrier

190225

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Ruth Newman**

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

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **MGW TEL. CO. INC.**

Signature of Authorized Officer or employee: **Sheri Smith**

Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw tel. co. inc.,l= , Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer or employee: **Sheri Smith**

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

Telephone number of Authorized Officer or employee: **540-925-5235**

Study Area Code of Reporting Carrier

190238

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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	
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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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Pembroke Telephone Cooperative	
Signature of authorized officer		<i>Leon A. Law</i>		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **SCOTT COUNTY COOP**

Signature of Authorized Officer or employee: **Daniel Odom**
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

Date: **5/18/2016**

Printed name of Authorized Officer or employee: **Daniel Odom**

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

Telephone number of Authorized Officer or employee: **276-452-7224**

Study Area Code of Reporting Carrier

190248

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LUMOS TEL. BOTETOURT**

Signature of Authorized Officer or employee: **Mary McDermott**
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

Date: **5/17/2016**

Printed name of Authorized Officer or employee: **Mary McDermott**

Title or position of Authorized Officer or employee: **Senior VP, Legal and Regulatory Affairs**

Telephone number of Authorized Officer or employee: **540-946-8677**

Study Area Code of Reporting Carrier

190249

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Thomas Reed**
Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas.reed@emp.shentel.com,O=shenandoah tel co, Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer or employee: **Thomas Reed**

Title or position of Authorized Officer or employee: **Controller of Financial Reporting**

Telephone number of Authorized Officer or employee: **540-984-5295**

Study Area Code of Reporting Carrier

190250

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SHENANDOAH - NR**

Signature of Authorized Officer or employee: **Thomas Reed**

Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas.reed@emp.shentel.com,O=shenandoah - nr,l= , Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer or employee: **Thomas Reed**

Title or position of Authorized Officer or employee: **Controller of Financial Reporting**

Telephone number of Authorized Officer or employee: **540-984-5295**

Study Area Code of Reporting Carrier

197251

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ARMSTRONG OF WV**

Signature of Authorized Officer or employee: **Mark Rankin**
Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong of wv,l= , Date:5/27/2016

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

200256

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SPRUCE KNOB SENECA**

Signature of Authorized Officer or employee: **Vickie Colaw**

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

Date: **5/20/2016**

Printed name of Authorized Officer or employee: **Vickie Colaw**

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

Telephone number of Authorized Officer or employee: **304-567-2121**

Study Area Code of Reporting Carrier

200257

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WAR TEL LLC**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war 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

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **ARMSTRONG TEL. CO.**

Signature of Authorized Officer or employee: **Mark Rankin**
Digitally signed by Mark Rankin DN:cn=Mark Rankin,email=mrarkin@agoc.com,O=armstrong tel. co.,l= , Date:5/27/2016

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

200267

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WEST SIDE TEL-WV**

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-wv,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

200277

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: ITS TELECOMM. SYS.

Signature of Authorized Officer or employee: **Bruce Russell**

Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=brucer@itstelecom.net,O=its telecomm. sys.,l=Indiantown FL 34956, Date:5/26/2016

Date: 5/26/2016

Printed name of Authorized Officer or employee: Bruce Russell

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 772-597-2106

Study Area Code of Reporting Carrier

210331

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NORTHEAST FLORIDA**

Signature of Authorized Officer or employee: **Amanda Molina**
Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=northeast florida,l= , Date:5/20/2016

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 Eligibility for CAF/ICC Recovery

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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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, 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Chickamauga Telephone Corporation	
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	220354	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Darien Telephone Company, Inc.	
Signature of authorized officer		<i>Mary Lou Forsyth</i>		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Hart Telephone Company			
Signature of authorized officer			Randy Daniel		Date		5/17/16
Printed name of authorized officer				Randy Daniel			
Title or position of authorized officer				President			
Telephone number of authorized officer:				7063764704			
Study Area Code of Reporting Carrier		220368		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **COMSOUTH TELECOMM**

Signature of Authorized Officer or employee: **Scott Obert-Thorn**
Digitally signed by Scott Obert-Thorn DN:cn=Scott Obert-Thorn,email=scott@comsouth.net,O=comsouth telecomm,l=Hawkinsville GA 31306, Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer or employee: **Scott Obert-Thorn**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **478-783-4001**

Study Area Code of Reporting Carrier

220369

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Mary Anna Hite**
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

Date: **5/24/2016**

Printed name of Authorized Officer or employee: **Mary Anna Hite**

Title or position of Authorized Officer or employee: **Secretary-Treasurer/General Manager**

Telephone number of Authorized Officer or employee: **912-653-4389**

Study Area Code of Reporting Carrier

220376

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier 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: 9126852121 ext.				
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **PLANT TEL. CO.**

Signature of Authorized Officer or employee: **Gordon Duff**

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

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)

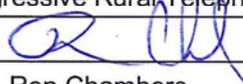
6/16/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 Manage			
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 _{ext.}					
Study Area Code of Reporting Carrier		220381	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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Steven Tatum**

Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel co,l= , Date:5/27/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Eric Cramer**

Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=barnardsville tel co, 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

230469

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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,I=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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				North State Telephone Company dba North State Communications			
Signature of authorized officer		<i>Lynn B. Welborn</i>		Date		5/26/2016	
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Town of Pineville dba Pineville Telephone Company			
Signature of authorized officer		<i>Tammy J. Vachon</i>		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	
<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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Randolph Telephone Membership Corporation	
Signature of authorized officer		<i>Frankie L. Cagle</i>		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **TRI COUNTY TEL MEMBR**

Signature of Authorized Officer or employee: **Gregory Coltrain**
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

Date: **5/26/2016**

Printed name of Authorized Officer or employee: **Gregory Coltrain**

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

Telephone number of Authorized Officer or employee: **252-964-8000**

Study Area Code of Reporting Carrier

230505

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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,lc=, 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **PALMETTO RURAL COOP**

Signature of Authorized Officer or employee: **Dewaine Wilson**
Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural coop,l= , Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer or employee: **Dewaine Wilson**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **843 538-9382**

Study Area Code of Reporting Carrier

240536

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

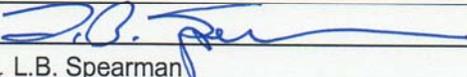
6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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			
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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Lee Chambers**
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

Date: **5/18/2016**

Printed name of Authorized Officer or employee: **Lee Chambers**

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

Telephone number of Authorized Officer or employee: **843-658-6379**

Study Area Code of Reporting Carrier

240546

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **BLOUNTSVILLE TEL LLC**

Signature of Authorized Officer or employee: **Dennis Andrews**
Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville 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

250282

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

6/16/2016

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

2-5

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

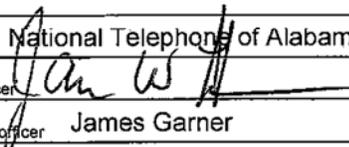
Name of Reporting Carrier				Castleberry Telephone Co., Inc.			
Signature of authorized officer			Date		5-17-16		
Printed name of authorized officer			Homer Holland				
Title or position of authorized officer			Sec / Trans				
Telephone number of authorized officer			(251) 966-2115				
Study Area Code 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 Eligibility for CAF/ICC Recovery

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

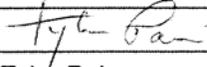
Name of Reporting Carrier				National Telephone of Alabama, Inc.	
Signature of authorized officer				Date	5/23/2016
Printed name of authorized officer		James Garner			
Title or position of authorized officer		Vice President of Operations			
Telephone number of authorized officer:		(601) 354-9070 ext.			
Study Area Code of Reporting Carrier	250286	Filing Due Date for this form (mm/cd/yyyy)	6/16/2016		

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Knology 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					
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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, 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	
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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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **MON-CRE TEL COOP**

Signature of Authorized Officer or employee: **Teresa Rich**

Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel coop,I=Ramer AL 36069, Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer or employee: **Teresa Rich**

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

Telephone number of Authorized Officer or employee: **334-562-3242**

Study Area Code of Reporting Carrier

250305

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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)

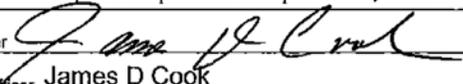
6/16/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **PINE 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)

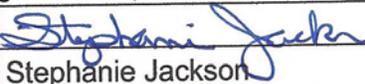
6/16/2016

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 Eligibility for CAF/ICC Recovery

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

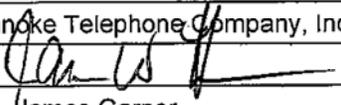
Name of Reporting Carrier		Ragland Telephone Co., Inc	
Signature of authorized officer		Date	5/25/2016
Printed name of authorized officer		Stephanie Jackson	
Title or position of authorized officer		Vice President	
Telephone number of authorized officer:		(205) 472-2141 ext.	
Study Area Code of Reporting 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 Eligibility for CAF/ICC Recovery

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

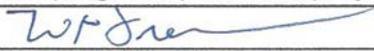
Name of Reporting Carrier				Roanoke Telephone Company, Inc.	
Signature of authorized officer				Date	5/23/2016
Printed name of authorized officer		James Garner			
Title or position of authorized officer		Vice President of Operations			
Telephone number of authorized officer: (601) 354-9070					
Study 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **FOOTHILLS RURAL COOP**

Signature of Authorized Officer or employee: **Ruth Conley**
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

Date: **5/27/2016**

Printed name of Authorized Officer or employee: **Ruth Conley**

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

Telephone number of Authorized Officer or employee: **606-297-9131**

Study Area Code of Reporting Carrier

260406

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LOGAN TEL. COOP. INC**

Signature of Authorized Officer or employee: **Gregory Hale**
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

Date: **5/20/2016**

Printed name of Authorized Officer or employee: **Gregory Hale**

Title or position of Authorized Officer or employee: **General Manager/Executive V.P.**

Telephone number of Authorized Officer or employee: **270-542-4121**

Study Area Code of Reporting Carrier

260413

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Mountain Telephone Coop. Corp., Inc.	
Signature of authorized officer		<i>Jimmie Jones</i>		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		
<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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				PEOPLES RURAL TELEPHONE			
Signature of authorized officer			<i>Keith Gabbard</i>		Date		5/27/2016
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **THACKER/GRIGSBY TEL**

Signature of Authorized Officer or employee: **William Grigsby**
Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tstel.com,O=thacker/grigsby tel,I=Hindman KY 41822, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer or employee: **William Grigsby**

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

Telephone number of Authorized Officer or employee: **606-785-9500**

Study Area Code of Reporting Carrier

260419

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

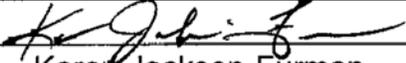
6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **CAMPTI-PLEASANT HILL**

Signature of Authorized Officer or employee: **Tom Edens**

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

Date: **5/26/2016**

Printed name of Authorized Officer or employee: **Tom Edens**

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

Telephone number of Authorized Officer or employee: **318-352-0014**

Study Area Code of Reporting Carrier

270426

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: Matt Le Blanc	Digitally signed by Matt Le Blanc DN:cn=Matt Le Blanc,email=deltel@delcambre.net,O=delcambre tel co,l= , Date:5/18/2016	Date: 5/18/2016
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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	
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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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: 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)

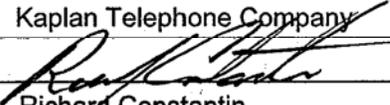
6/16/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier	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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				LAFOURCHE TELEPHONE COMPANY, LLC	
Signature of authorized officer		<i>Peter Louviere</i>		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		
<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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **NORTHEAST LOUISIANA**

Signature of Authorized Officer or employee: **Mike George**

Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,l=Collinston LA 71229, Date:5/17/2016

Date: **5/17/2016**

Printed name of Authorized Officer or employee: **Mike George**

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

Telephone number of Authorized Officer or employee: **318-874-7011**

Study Area Code of Reporting Carrier

270435

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Reserve Telephone Company	
Signature of authorized officer:		<i>Annette Faircloth</i>		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 ext.			
Study Area Code of Reporting Carrier	270438	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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **STAR 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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	
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Bruce 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	280447	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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,I=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)

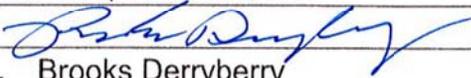
6/16/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

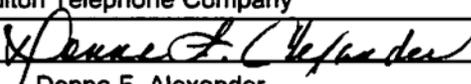
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Fulton 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	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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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,I=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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **LAKESIDE 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=lakeside 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

280457

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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: (60) - , ext. 764-3171					
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Mound Bayou Telephone & Communications, Inc.			
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		280462		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 Eligibility for CAF/ICC Recovery

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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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: SMITHVILLE TEL CO

Signature of Authorized Officer or employee: **Roger Thompson**
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

Date: 5/16/2016

Printed name of Authorized Officer or employee: Roger Thompson

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 662-651-4131

Study Area Code of Reporting Carrier

280467

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

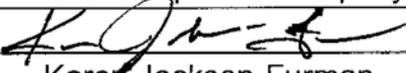
6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 _{,ext.}			
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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		

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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		
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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)

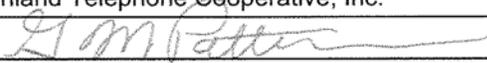
6/16/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 ext.			
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Highland Telephone Cooperative, Inc.			
Signature of authorized officer					Date		7/5/2016
Printed name of authorized officer			G. Mark Patterson				
Title or position of authorized officer			General Manager / Chief Operations Officer				
Telephone number of authorized officer: (423) 628-2121 ext.							
Study Area Code of Reporting Carrier		290565		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier <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>931.853.4356x</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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **NORTH CENTRAL COOP**

Signature of Authorized Officer or employee: **Johnny McClanahan**
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

Date: **5/17/2016**

Printed name of Authorized Officer or employee: **Johnny McClanahan**

Title or position of Authorized Officer or employee: **VP Finance and Adm. Services**

Telephone number of Authorized Officer or employee: **615-666-2151**

Study Area Code of Reporting Carrier	290573		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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					
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **UTC-TN-UNITED COMM**

Signature of Authorized Officer or employee: **William Bradford**
Digitally signed by William Bradford DN:cn=William Bradford,email=wbradford@united.net,O=utc-tn-united comm,I=Chapel Hill TN 37034, Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer or employee: **William Bradford**

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

Telephone number of Authorized Officer or employee: **931-364-4322**

Study Area Code of Reporting Carrier

290581

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

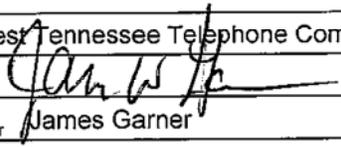
6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

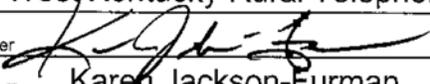
Name of Reporting Carrier: West Tennessee Telephone Company, Inc.			
Signature of authorized officer: 	Date:	5/23/2016	
Printed name of authorized officer: James Garner			
Title or position of authorized officer: Vice President of Operations			
Telephone number of authorized officer: (601) 354-9070 ext.			
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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	
<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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **BENTON RIDGE TEL CO**

Signature of Authorized Officer or employee: **Martin Ellerbrock**
Digitally signed by Martin Ellerbrock DN:cn=Martin Ellerbrock,email=martin@watchtv.net,O=benton ridge tel co,l= , Date:5/18/2016

Date: **5/18/2016**

Printed name of Authorized Officer or employee: **Martin Ellerbrock**

Title or position of Authorized Officer or employee: **Office Manager & Corporate Secretary**

Telephone number of Authorized Officer or employee: **419-859-2245**

Study Area Code of Reporting Carrier

300590

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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,I=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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **CONNCAUT 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier		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: (330)658-2121, ext.			
Study Area Code of Reporting Carrier	300809	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Cheryl Bostelman**
Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbostelman@fmtc.cc,O=farmers mutual tel,l= , Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer or employee: **Cheryl Bostelman**

Title or position of Authorized Officer or employee: **Secretary/General Manager**

Telephone number of Authorized Officer or employee: **419-758-3303**

Study Area Code of Reporting Carrier

300612

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **David Hunt**

Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@d@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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **MIDDLE POINT HOME**

Signature of Authorized Officer or employee: **Bruce Hanson**

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home,l= , Date:5/23/2016

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

300633

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Paula McGraw**

Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel co,I=Minford OH 45653, Date:5/18/2016

Date: **5/18/2016**

Printed name of Authorized Officer or employee: **Paula McGraw**

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

Telephone number of Authorized Officer or employee: **740-820-2151**

Study Area Code of Reporting Carrier

300634

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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,l=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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Charles Mattingly**
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

Date: **5/16/2016**

Printed name of Authorized Officer or employee: **Charles Mattingly**

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

Telephone number of Authorized Officer or employee: **903-663-0099**

Study Area Code of Reporting Carrier

300644

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **OTTOVILLE MUTUAL**

Signature of Authorized Officer or employee: **William Honigford**
Digitally signed by William Honigford DN:cn=William Honigford,email=bilh@ottovillemutual.com,O=ottoville mutual,I=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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Ridgeville Telephone Company	
Signature of authorized officer		<i>Matthew Eggers</i>		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 ext.			
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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, 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: TELEPHONE SERVICE

Signature of Authorized Officer or employee: Bruce Hanson

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

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: VAUGHNSVILLE TEL CO

Signature of Authorized Officer or employee: Martha Kaplan

Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vtelco@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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Paul Stark**

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

Date: **5/27/2016**

Printed name of Authorized Officer or employee: **Paul Stark**

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

Telephone number of Authorized Officer or employee: **906-353-6644**

Study Area Code of Reporting Carrier

310675

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Blanchard Telephone Company			
Signature of authorized officer			Betsy A. Ashbaugh		Date		5/6/16
Printed name of authorized officer				Betsy A. Ashbaugh			
Title or position of authorized officer				General manager			
Telephone number of authorized officer:				981-561-0930			
Study Area Code of Reporting Carrier		310678	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 Eligibility for CAF/ICC Recovery

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

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

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

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

Signature of Authorized Officer or employee: **Kevin Doyle**
Digitally signed by Kevin Doyle DN:cn=Kevin Doyle,email=kdoyle@ctstelecom.com,O=climax tel co, Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer or employee: **Kevin Doyle**

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

Telephone number of Authorized Officer or employee: **269-746-3244**

Study Area Code of Reporting Carrier

310688

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **DEERFIELD FARMERS**

Signature of Authorized Officer or employee: **David LaRocca**

Digitally signed by David LaRocca DN:cn=David LaRocca,email=dave@cass.net,O=deerfield farmers, Inc., Date:5/20/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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. §§ 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				KALEVA TELEPHONE COMPANY	
Signature of authorized officer:		<i>Jack C. Schaefer</i>		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. §§ 602, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: ACE TEL OF MICHIGAN

Signature of Authorized Officer or employee: **Todd Roesler**

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

Date: 5/19/2016

Printed name of Authorized Officer or employee: Todd Roesler

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

Telephone number of Authorized Officer or employee: 507-896-6292

Study Area Code of Reporting Carrier

310704

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				<i>Lennon Telephone Company</i>			
Signature of authorized officer			<i>Jaqueline Bowden</i>		Date		<i>6/17/16</i>
Printed name of authorized officer				<i>Jaqueline Bowden</i>			
Title or position of authorized officer				<i>President</i>			
Telephone number of authorized officer: <i>(919) 621-3301, 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>	
<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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **MIDWAY 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=midway tel co,l= , 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

310711

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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,l= , 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				OGDEN TELEPHONE COMPANY			
Signature of authorized officer			<i>Linda K Corie</i>		Date		05/17/16
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	
<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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **SAND CREEK TEL CO**

Signature of Authorized Officer or employee: **Harvey Souders**
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

Date: **5/26/2016**

Printed name of Authorized Officer or employee: **Harvey Souders**

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

Telephone number of Authorized Officer or employee: **517-436-3130**

Study Area Code of Reporting Carrier

310725

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **UPPER PENINSULA TEL**

Signature of Authorized Officer or employee: **David Hoover**
Digitally signed by David Hoover DN:cn=David Hoover,email=david.hoover@alphacomm.net,O=upper peninsula tel, 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: **906-639-2111**

Study Area Code of Reporting Carrier

310732

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Lucinda Bernath**
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

Date: **5/25/2016**

Printed name of Authorized Officer or employee: **Lucinda Bernath**

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

Telephone number of Authorized Officer or employee: **517-286-6211**

Study Area Code of Reporting Carrier

310734

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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)

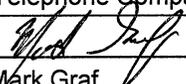
6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Winn Telephone Company	
Signature of authorized officer				Date	05/25/16
Printed name of authorized officer		Mark Graf			
Title or position of authorized officer		Manager			
Telephone number of authorized officer: (989) 953-9876					
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: ACE-MI OLD MISSION

Signature of Authorized Officer or employee: **Todd Roesler**
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

Date: 5/19/2016

Printed name of Authorized Officer or employee: Todd Roesler

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

Telephone number of Authorized Officer or employee: 507-896-6292

Study Area Code of Reporting Carrier

310777

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **CITIZENS TEL CORP**

Signature of Authorized Officer or employee: **Joan Paxson**
Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citiznet.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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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	
<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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **DAVISS-MARTIN/RTC**

Signature of Authorized Officer or employee: **David Frigen**

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

Date: **5/17/2016**

Printed name of Authorized Officer or employee: **David Frigen**

Title or position of Authorized Officer or employee: **General Manager and Executive VP**

Telephone number of Authorized Officer or employee: **812-486-3211**

Study Area Code of Reporting Carrier

320759

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Steve Scott**

Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel co, Inc., Date:5/20/2016

Date: **5/20/2016**

Printed name of Authorized Officer or employee: **Steve Scott**

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

Telephone number of Authorized Officer or employee: **765-258-3111**

Study Area Code of Reporting Carrier

320771

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Ligonier Telephone Company, Inc.	
Signature of authorized officer		<i>Randall L. Tepatti</i>		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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,I=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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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,I=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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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,I=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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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)

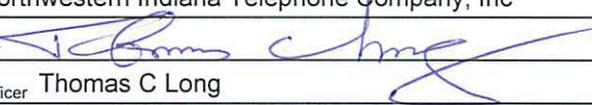
6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					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 ext.					
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: PULASKI-WHITE RURAL

Signature of Authorized Officer or employee: **Mark Dickerson**
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

Date: 5/26/2016

Printed name of Authorized Officer or employee: Mark Dickerson

Title or position of Authorized Officer or employee: President/CEO

Telephone number of Authorized Officer or employee: 574-278-7121

Study Area Code of Reporting Carrier

320813

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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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,I=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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier					Southeastern Indiana Rural Telephone Cooperative, Inc.					
Signature of authorized officer				<i>Anthony Clark</i>			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					
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 Eligibility for CAF/ICC Recovery

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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,I=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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Timothy Miles**

Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel co,l= , Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer or employee: **Timothy Miles**

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

Telephone number of Authorized Officer or employee: **765-922-7916**

Study Area Code of Reporting Carrier

320826

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 ext.			
Study Area Code of Reporting Carrier	320834	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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: 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, 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	
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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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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)

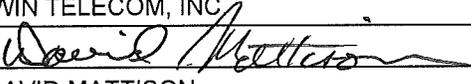
6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Brad Ellefson**

Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel co,I=Sharon WI 53585, Date:5/24/2016

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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Jim Smart**

Digitally signed by Jim Smart DN:cn=Jim Smart,email=jrs@bloomer.net,O=bloomer tel co,l= , Date:5/18/2016

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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **John Manosky**
Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel co, inc,l= , Date:5/25/2016

Date: **5/25/2016**

Printed name of Authorized Officer or employee: **John Manosky**

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

Telephone number of Authorized Officer or employee: **715-868-5111**

Study Area Code of Reporting Carrier

330855

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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, 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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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@mosaictelcom.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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: 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,|=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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Gina Tomlinson**
Digitally signed by Gina Tomlinson DN:cn=Gina Tomlinson,email=ginat@mwt.net,O=cochrane coop tel co,l=Cochrane WI 54622-0189, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer or employee: **Gina Tomlinson**

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

Telephone number of Authorized Officer or employee: **608-248-2323**

Study Area Code of Reporting Carrier

330866

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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,|=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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **FARMERS INDEPENDENT**

Signature of Authorized Officer or employee: **Mark Anderson**
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

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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Carla Shaker**

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

Date: **5/20/2016**

Printed name of Authorized Officer or employee: **Carla Shaker**

Title or position of Authorized Officer or employee: **Secretary/Treasurer/Office Mgr.**

Telephone number of Authorized Officer or employee: **608-489-2100**

Study Area Code of Reporting Carrier

330892

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Donna Rezin**

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

Date: **5/19/2016**

Printed name of Authorized Officer or employee: **Donna Rezin**

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

Telephone number of Authorized Officer or employee: **608-427-6515**

Study Area Code of Reporting Carrier

330900

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **LAKELAND-LUCK**

Signature of Authorized Officer or employee: **Crystal Morley**

Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystal@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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Signature of Authorized Officer or employee: **Thomas Squires**
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

Date: **5/18/2016**

Printed name of Authorized Officer or employee: **Thomas Squires**

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

Telephone number of Authorized Officer or employee: **920-596-1707**

Study Area Code of Reporting Carrier	330905		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **LAKELAND-MILLTOWN**

Signature of Authorized Officer or employee: **Crystal Morley**
Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystal@lakeland.ws,O=lakeland-milltown,l=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

330910

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NELSON COMM COOP**

Signature of Authorized Officer or employee: **Christy Berger**

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

Date: **5/18/2016**

Printed name of Authorized Officer or employee: **Christy Berger**

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

Telephone number of Authorized Officer or employee: **715-672-4204**

Study Area Code of Reporting Carrier

330918

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **NIAGARA 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=niagara 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

330920

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **BAYLAND TEL, LLC**

Signature of Authorized Officer or employee: **Robert Webb**

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

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

330925

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

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier Indianhead Telephone Company			
Signature of authorized officer <i>William Eckles</i>		Date 5/26/2016	
Printed name of authorized officer William Eckles			
Title or position of authorized officer President			
Telephone number of authorized officer: (507) 526-3252			
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: PRICE COUNTY TEL CO

Signature of Authorized Officer or employee: Catherine Mess

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

Date: 5/17/2016

Printed name of Authorized Officer or employee: Catherine Mess

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 715-339-2151

Study Area Code of Reporting Carrier

330937

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **RICHLAND-GRANT COOP**

Signature of Authorized Officer or employee: **John Bartz**
Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mwt.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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: SHARON TEL CO

Signature of Authorized Officer or employee: **Brad Ellefson**
Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel co,I=Sharon WI 53585, Date:5/24/2016

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

330946

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Michael Jensen**
Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel co,lc=US, 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

330951

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Katherine Kehl**
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

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Tom Allen**

Digitally signed by Tom Allen DN:cn=Tom Allen,email=tomallen@casscomm.com,O=cass tel co,I=Virginia IL 62691, Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer or employee: **Tom Allen**

Title or position of Authorized Officer or employee: **Vice President/Chief Operating Officer**

Telephone number of Authorized Officer or employee: **217-452-7800**

Study Area Code of Reporting Carrier

340984

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

6/16/2016

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

05-16-16;12:47 ;

: 3149972561

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	CLARKSVILLE MUTUAL TELEPHONE COMPANY		
Signature of authorized officer	<i>Patricia Rhoads</i>	Date	5-17-16
Printed name of authorized officer	PATRICIA RHOADS		
Title or position of authorized officer	SEC-TREAS		
Telephone number of authorized office	27189-3822		
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. § 602, 502(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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		
<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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 _{ext.}			
Study Area Code of Reporting Carrier	341003	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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 ext.							
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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Scott Rubins**

Digitally signed by Scott Rubins DN:cn=Scott Rubins,email=srubins@genseo.net,O=genseo tel co,l=Genseo 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)

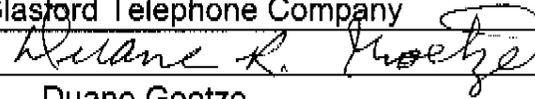
6/16/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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			
Study Area Code of Reporting Carrier	341017	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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier		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. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <i>Grandview mutual Telephone</i>			
Signature of authorized officer <i>Angela Tate</i>		Date	<i>5-27-2016</i>
Printed name of authorized officer <i>Angela Tate</i>			
Title or position of authorized officer <i>TREASURER</i>			
Telephone number of authorized officer: <i>017946-4101</i>			
Study Area Code of Reporting Carrier	<i>341021</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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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)

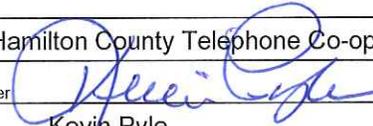
6/16/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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, ext.			
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: HENRY COUNTY TEL CO

Signature of Authorized Officer or employee: **Scott Rubins**

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

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

341029

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
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			
Study Area Code of Reporting Carrier	341032	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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Michelle Baudino**
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

Date: **5/20/2016**

Printed name of Authorized Officer or employee: **Michelle Baudino**

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

Telephone number of Authorized Officer or employee: **815-392-4210**

Study Area Code of Reporting Carrier

341041

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: LEAF RIVER TEL CO

Signature of Authorized Officer or employee: **Aaron Palmer**

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

Date: 5/25/2016

Printed name of Authorized Officer or employee: Aaron Palmer

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 815-738-2216

Study Area Code of Reporting Carrier

341045

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Lechore Mutual Tel. Co.			
Signature of authorized officer	<i>Donna Naas</i>	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 <small>ext.</small>			
Study Area Code of Reporting Carrier	341046	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Jay Griswold**
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

Date: **5/25/2016**

Printed name of Authorized Officer or employee: **Jay Griswold**

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

Telephone number of Authorized Officer or employee: **309-776-3211**

Study Area Code of Reporting Carrier

341047

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				McNabb Telephone Company	
Signature of authorized officer		<i>Roger Pletsch, Pres.</i>		Date	5/25/2016
Printed name of authorized officer		Roger Pletsch			
Title or 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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	
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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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Marseilles Telephone Company	
Signature of authorized officer		Ann Dickerson		Date	
		<small>Digitally signed by Ann Dickerson DN: cn=Ann Dickerson, o=MTCO, ou, email=adickerson@corp.mtco.com, c=US Date: 2016.05.16 15:21:10 -0500</small>		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Metamora 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 15:03:33 -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	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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				MONTROSE MUTUAL TEL. CO., INC	
Signature of authorized officer		George P. Tays		Date	6-25-16
Printed name of authorized officer					
George P. TAYS					
Title or position of authorized officer					
Sec. TREAS					
Telephone number of authorized officer:					
217-925-5242 ext.					
Study Area Code of Reporting Carrier		34-1058		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier New Windsor Telephone Company			
Signature of authorized officer		Date	5/25/2016
Printed name of authorized officer Richard Ristau		<i>Richard R. Ristau</i>	
Title or position of authorized officer Secretary			
Telephone number of authorized officer: (309) 667-2712			
Study Area Code of Reporting Carrier	341062	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier		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)372-4490			
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 ext.					
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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)

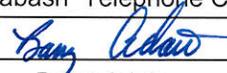
6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Wabash Telephone Cooperative, Inc	
Signature of authorized officer				Date	5/23/2016
Printed name of authorized officer		Barry Adair			
Title or position of authorized officer		EVP/General Manager			
Telephone number of authorized officer:		(618) 665-3311 ext.			
Study Area Code of Reporting Carrier	341088	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Woodhull Telephone Company

Signature of authorized officer

Gerald Krueger

Date

5-26-16

Printed name of authorized officer

Gerald Krueger

Title or position of authorized officer

Vice-President

Telephone number of authorized officer: (309)3342150, ext.

Study Area Code of Reporting Carrier

34-1091

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

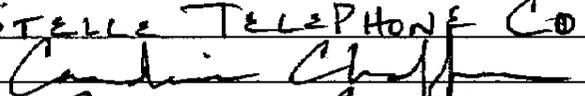
6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				STELLE 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 MANAGER			
Telephone number of authorized officer:				815282345			
Study Area Code of Reporting Carrier		341092		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Arcadia Telephone Cooperative	
Signature of authorized officer			Date		5-23-16
Printed name of authorized officer			Tony Vonnahme		
Title or position of authorized officer			Board President		
Telephone number of authorized officer: 712.689.2338 ext.					
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016	
351098					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Gerald Spaight**
Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atkinstelephone.com,O=atkins tel co, inc,l=Atkins IA 52206, Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer or employee: **Gerald Spaight**

Title or position of Authorized Officer or employee: **General Manager / Treasurer**

Telephone number of Authorized Officer or employee: **319-446-7331**

Study Area Code of Reporting Carrier

351101

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **BREDA TEL CORP.**

Signature of Authorized Officer or employee: **Jane Morlok**
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

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

351112

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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	
<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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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,I=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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **David Gibson**

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

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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,I=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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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
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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	
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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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Joe Snyder**
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

Date: **5/23/2016**

Printed name of Authorized Officer or employee: **Joe Snyder**

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

Telephone number of Authorized Officer or employee: **641-664-2074**

Study Area Code of Reporting Carrier

351129

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: CLEAR LAKE INDEPEND

Signature of Authorized Officer or employee: **Thomas Lovell**
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

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 ext.			
Study Area Code of Reporting Carrier		351134		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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,I=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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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	
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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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Cumberland Telephone	
Signature of authorized officer		Ronald Benton		Date	5-16-16
Printed name of authorized officer				Ronald Benton	
Title or position of authorized officer				President	
Telephone number of authorized officer:				(713) 774-2221 ext.	
Study Area Code of Reporting Carrier		351146	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Timothy Fencil**

Digitally signed by Timothy Fencil DN:cn=Timothy Fencil,email=tfencil@danvilletelco.net,O=danville mutual tel,l=Danville IA 52623, Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer or employee: **Timothy Fencil**

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

Telephone number of Authorized Officer or employee: **319-392-4251**

Study Area Code of Reporting Carrier

351147

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Roger Kregel**
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

Date: **5/17/2016**

Printed name of Authorized Officer or employee: **Roger Kregel**

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

Telephone number of Authorized Officer or employee: **641-857-3211**

Study Area Code of Reporting Carrier

351152

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **EAST BUCHANAN COOP**

Signature of Authorized Officer or employee: **Butch Rorabaugh**
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

Date: **5/24/2016**

Printed name of Authorized Officer or employee: **Butch Rorabaugh**

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

Telephone number of Authorized Officer or employee: **319-935-3011**

Study Area Code of Reporting Carrier

351156

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

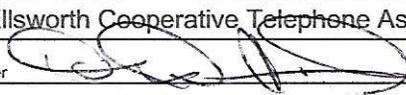
6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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					
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016	
351157					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MINBURN TELECOMM.**

Signature of Authorized Officer or employee: **Debra Lucht**
Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecomm.,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

351158

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Minburn Telecommunications, Inc.	
Signature of authorized officer		<i>Debra Lucht</i>		Date	6/30/2016
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **FARMERS & MERCHANTS**

Signature of Authorized Officer or employee: **Susie Stalder**

Digitally signed by Susie Stalder DN:cn=Susie Stalder,email=sstalder@farmtel.com,O=farmers & merchants,l=Wayland IA 52654-0247, Date:5/19/2016

Date: **5/19/2016**

Printed name of Authorized Officer or employee: **Susie Stalder**

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

Telephone number of Authorized Officer or employee: **319-256-2736**

Study Area Code of Reporting Carrier

351166

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **FARMERS MUTUAL JESUP**

Signature of Authorized Officer or employee: **Tony Lang**
Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual jesup,1=Jesup IA 50648-0249, Date:5/26/2016

Date: **5/26/2016**

Printed name of Authorized Officer or employee: **Tony Lang**

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

Telephone number of Authorized Officer or employee: **319-827-1151**

Study Area Code of Reporting Carrier

351171

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Farmers Mutual Telephone Company - Nora Springs			
Signature of authorized officer 		Date	5/23/2016
Printed name of authorized officer Joshua Hveem			
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
<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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **FARMERS MUTUAL COOP**

Signature of Authorized Officer or employee: **Curtis Eldred**

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

Date: **5/19/2016**

Printed name of Authorized Officer or employee: **Curtis Eldred**

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

Telephone number of Authorized Officer or employee: **319-436-2224**

Study Area Code of Reporting Carrier

351173

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Kevin Cabbage**
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

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

351174

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FARMERS TEL CO - BAT**

Signature of Authorized Officer or employee: **Joe Snyder**

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

Date: **5/23/2016**

Printed name of Authorized Officer or employee: **Joe Snyder**

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

Telephone number of Authorized Officer or employee: **641-664-2074**

Study Area Code of Reporting Carrier

351175

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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,I=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)

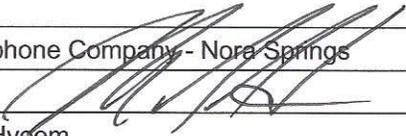
6/16/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier Farmers Telephone Company - Nora Springs			
Signature of authorized officer 		Date	5/23/2016
Printed name of authorized officer Joshua Hveem			
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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier <i>Fenton Co-op Tel. Co.</i>			
Signature of authorized officer <i>Steven C. Longhenry</i>		Date	<i>5-20-16</i>
Printed name of authorized officer <i>Steven C. Longhenry</i>			
Title or position of authorized officer <i>GM</i>			
Telephone number of authorized officer: <i>(515) 889 2755 ext.</i>			
Study Area Code of Reporting Carrier <i>351179</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. §§ 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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Arthur Cooper**
Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=coop@pcctel.net,O=partner comm. coop.,l= , Date:5/23/2016

Date: **5/23/2016**

Printed name of Authorized Officer or employee: **Arthur Cooper**

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

Telephone number of Authorized Officer or employee: **641-498-7701**

Study Area Code of Reporting Carrier	351187		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 Eligibility for CAF/ICC Recovery

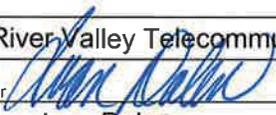
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **GRAND MOUND COOP TEL**

Signature of Authorized Officer or employee: **Marcus Behnken**
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

Date: **5/24/2016**

Printed name of Authorized Officer or employee: **Marcus Behnken**

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

Telephone number of Authorized Officer or employee: **563-847-3000**

Study Area Code of Reporting Carrier

351191

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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,I=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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Hospers Telephone Exchange Inc.			
Signature of authorized officer <i>David L. Raak</i>		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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,I=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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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	
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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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: 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=iama 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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)

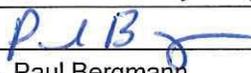
6/16/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Casey Peck**
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

Date: **5/23/2016**

Printed name of Authorized Officer or employee: **Casey Peck**

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

Telephone number of Authorized Officer or employee: **319-656-3668**

Study Area Code of Reporting Carrier

351214

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **KEYSTONE FRMS COOP**

Signature of Authorized Officer or employee: **Byran Kimm**

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

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: Lone Rock Coop. Tel. Co.			
Signature of authorized officer: <i>Roger P. Jensen</i>	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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **LOST NATION-ELWOOD**

Signature of Authorized Officer or employee: **Jan Muhl**

Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood,l= , Date:5/19/2016

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **NORTHEAST IOWA TEL**

Signature of Authorized Officer or employee: **David Byers**

Digitally signed by David Byers DN:cn=David Byers,email=dabyers@netel.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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MARNE & ELK HORN TEL**

Signature of Authorized Officer or employee: **Janell Hansen**

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

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)

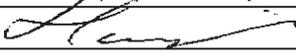
6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: 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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Kathleen Foster**
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

Date: **5/16/2016**

Printed name of Authorized Officer or employee: **Kathleen Foster**

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

Telephone number of Authorized Officer or employee: **712-779-2227**

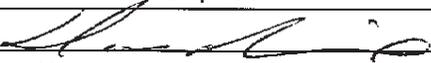
Study Area Code of Reporting Carrier	351239		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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 Eligibility for CAF/ICC Recovery

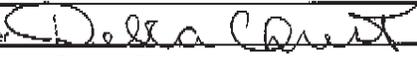
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to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

Name of Reporting Carrier: Mechanicsville Telephone			
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 <small>ext.</small>			
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier		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	
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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				Minburn Telephone Company	
Signature of authorized officer		<i>Debra Lucht</i>		Date	6/30/2016
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 ext.	
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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Levi Bappe**

Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=mvity@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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Jeffrey Brower**
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

Date: **5/24/2016**

Printed name of Authorized Officer or employee: **Jeffrey Brower**

Title or position of Authorized Officer or employee: **General Manager/COO**

Telephone number of Authorized Officer or employee: **319-667-2375**

Study Area Code of Reporting Carrier

351247

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Randy Foor**
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

Date: **5/16/2016**

Printed name of Authorized Officer or employee: **Randy Foor**

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

Telephone number of Authorized Officer or employee: **319-868-7636**

Study Area Code of Reporting Carrier	351250		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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **William Malcom**
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

Date: **5/18/2016**

Printed name of Authorized Officer or employee: **William Malcom**

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

Telephone number of Authorized Officer or employee: **319-394-3456**

Study Area Code of Reporting Carrier	351251		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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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=mual 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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	
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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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **NORTHERN IOWA TEL CO**

Signature of Authorized Officer or employee: **Doug Boone**

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

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

351259

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NORTHWEST IOWA TEL**

Signature of Authorized Officer or employee: **Paul Bergmann**
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

Date: **5/24/2016**

Printed name of Authorized Officer or employee: **Paul Bergmann**

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

Telephone number of Authorized Officer or employee: **712-271-5535**

Study Area Code of Reporting Carrier

351260

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **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)

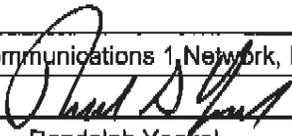
6/16/2016

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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery 551.917(d) and Access Recovery Charge 551.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Communications 1 Network, Inc				
Signature of authorized officer					Date		05/23/2016	
Printed name of authorized officer								Randolph Yeakei
Title or position of authorized officer								President/CEO
Telephone number of authorized officer:								(641) 782-3772
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. §§ 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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,I=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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier				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. §§ 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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Barb Gruetzmacher**
Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel co, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer or employee: **Barb Gruetzmacher**

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

Telephone number of Authorized Officer or employee: **319-638-6006**

Study Area Code of Reporting Carrier

351266

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: PALO COOP TEL ASSN

Signature of Authorized Officer or employee: **Mark Harvey**
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

Date: 5/23/2016

Printed name of Authorized Officer or employee: Mark Harvey

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

Telephone number of Authorized Officer or employee: 319-476-7800

Study Area Code of Reporting Carrier

351269

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

6/16/2016

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: 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,I=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	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: 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 Eligibility for CAF/ICC Recovery

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

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

Signature of Authorized Officer or employee: **Roger Kilburg**
Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestontel.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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **RINGSTED TEL CO**

Signature of Authorized Officer or employee: **Aaron McCartan**
Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringtelco.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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ROCKWELL COOP ASSN**

Signature of Authorized Officer or employee: **David Severin**

Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop assn,I=Rockwell IA 50469, Date:5/24/2016

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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **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,I=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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: 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,l=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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SCHALLER TEL CO**

Signature of Authorized Officer or employee: **Missy Kestel**

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

Date: **5/24/2016**

Printed name of Authorized Officer or employee: **Missy Kestel**

Title or position of Authorized Officer or employee: **Accounting General Manager**

Telephone number of Authorized Officer or employee: **712-275-4211**

Study Area Code of Reporting Carrier

351291

Filing Due Date for this form (mm/dd/yyyy)

6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SEARSBORO TEL CO

Signature of Authorized Officer or employee: **Gary Neill**
Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=searsboro 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	351292		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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: 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

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: HEART OF IOWA COMM.

Signature of Authorized Officer or employee: **Bryan Amundson**
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

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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SOUTH 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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SPRINGVILLE COOP TEL**

Signature of Authorized Officer or employee: **Jean Schilling**
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

Date: **5/18/2016**

Printed name of Authorized Officer or employee: **Jean Schilling**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **319-854-6107**

Study Area Code of Reporting Carrier

351302

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</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 ext.			
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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **STRATFORD MUTUAL TEL**

Signature of Authorized Officer or employee: **Jen Frank**

Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel,=Stratford IA 50249, Date:5/16/2016

Date: **5/16/2016**

Printed name of Authorized Officer or employee: **Jen Frank**

Title or position of Authorized Officer or employee: **Assistant Secretary/Office Manager**

Telephone number of Authorized Officer or employee: **515-838-2390**

Study Area Code of Reporting Carrier

351305

Filing Due Date for this form
(mm/dd/yyyy)

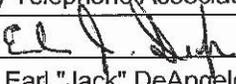
6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

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:		641-594-2105 ext.			
Study Area Code of Reporting Carrier	351306	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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Templeton Telephone Company	
Signature of authorized officer		<i>Patricia Snyder</i>		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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TITONKA-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,lc=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

351310

Filing Due Date for this form
(mm/dd/yyyy)

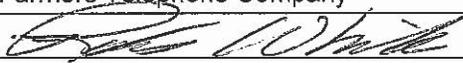
6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				United Farmers Telephone Company	
Signature of authorized officer				Date	05/18/2016
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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **VAN HORNE COOP TEL**

Signature of Authorized Officer or employee: **Kerry Less**
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

Date: **5/23/2016**

Printed name of Authorized Officer or employee: **Kerry Less**

Title or position of Authorized Officer or employee: **CFO - Chief Financial Officer**

Telephone number of Authorized Officer or employee: **319-228-8791**

Study Area Code of Reporting Carrier

351320

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **VILLISCA FARMERS TEL**

Signature of Authorized Officer or employee: **Kevin Cabbage**
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

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.

COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				WALNUT TELEPHONE COMPANY INC			
Signature of authorized officer			Date		16 MAY 2016		
Printed name of authorized officer				BRUCE HAYNE			
Title or position of authorized officer				GENERAL MANAGER			
Telephone number of authorized officer:				714-784-2211			
Study Area Code of Reporting Carrier		351/26		Filing Due Date for this form (mm/dd/yyyy)		6/16/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WEBB-DICKENS TEL**

Signature of Authorized Officer or employee: **Doug Boone**

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

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

351327

Filing Due Date for this form (mm/dd/yyyy)

6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WEBSTER-CALHOUN COOP**

Signature of Authorized Officer or employee: **Daryl Carlson**
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

Date: **5/25/2016**

Printed name of Authorized Officer or employee: **Daryl Carlson**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **515-352-3151**

Study Area Code of Reporting Carrier

351328

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WELLMAN COOP TEL**

Signature of Authorized Officer or employee: **Jayne Hochstedler**
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

Date: **5/16/2016**

Printed name of Authorized Officer or employee: **Jayne Hochstedler**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **319-646-6075**

Study Area Code of Reporting Carrier

351329

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **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	
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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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).</p>			
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
<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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WILTON TEL CO**

Signature of Authorized Officer or employee: **Stacie Harris**

Digitally signed by Stacie Harris DN:cn=Stacie Harris, email=stacie@wtccommunications.com, O=wilton tel co, I=Wilton IA 52778-0970, Date:5/17/2016

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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Woolstock Mutual Telephone	
Signature of authorized officer	Bob Grandgeorge	Date	5-23-16
Printed name of authorized officer	Bob Grandgeorge		
Title or position of authorized officer	President		
Telephone number of authorized officer	015 839-5571		
State Area Code of Reporting Carrier	351342	Filing Due Date for this form (mm/dd/yyyy)	6/16/2018

Persons 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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: 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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **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.,I= , 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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: MABEL COOP TEL-IA

Signature of Authorized Officer or employee: Julie Kolka
Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop tel-ia,l=Mabel MN 55954, Date:5/24/2016

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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				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, ext.					
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.					